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ABSTRACT

This publication summarizes the presentations at individual and group sessions of a conference called to facilitate a broad exchange of concepts and experiences among those individuals and organizations most closely involved with Drug-Free Schools and Communities Programs at the national, state, and local levels. It is intended to highlight key points presented, rather than to reproduce the full text or verbatim contents of each conference session. The conference agenda is included, with those sessions and presentations appearing in the proceedings indicated by the number of the page on which they appear. Included in the proceedings are the keynote address by Lauro Cavazos, Secretary of Education; "Laughing the Pushers Out of Town: A Humorist's Strategy to Fighting Drugs and Alcohol" (Alan Blum); and summaries of 47 concurrent sessions. Roundtable discussions on issues for the 90s are appended as is a list of conference attendees. (NB)

U.S. DEPARTMENT
OF EDUCATION

Fourth Annual Conference on Drug-Free Schools and Communities

1990 CONFERENCE PROCEEDINGS

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Proceedings of the
Fourth Annual Conference on Drug-Free Schools and Communities

The Fairview Park Marriott Hotel
Falls Church, Virginia

June 11-15, 1990

The Drug-Free Schools and Communities Staff wishes to extend a special thanks to Bill Bukowski at the National Institute on Drug Abuse and Steve Gardner at the Office of Substance Abuse Prevention for their contributions to the conference agenda, including the selection of excellent speakers and presenters. We hope this will be the first of many successful conference collaborations.

We also wish to thank Sonny Bloom, Prachee Devadas, Arcenia White, and Arlene Weitzman of RII for their indispensable behind-the-scenes management, which contributed greatly to the success of the conference.

INTRODUCTION

This publication summarizes the presentations at individual and group sessions of the **Fourth Annual Conference on Drug-Free Schools and Communities,** held June 10 through June 15 at the Fairview Park Marriott Hotel in Falls Church, Virginia. The intent of the publication is to highlight the key points presented, rather than to reproduce the full text or verbatim contents of each conference session. The views of the presenters set forth in this publication are their own and do not necessarily reflect the views of the U.S. Department of Education.

The purpose of the conference was to facilitate a broad exchange of concepts and experiences among those individuals and organizations most closely involved with Drug-Free Schools and Communities Programs at the national, State and local level. It was expected that such an exchange would help the attendees in establishing an ongoing network of interaction, as well as afford them the opportunity to share problems and successes experienced to date. It was also the objective of the conference to provide the Federal program staff with a realistic and current sense of the concerns and priorities of the attendees so that Federal activities can be made more responsive.

The conference was privileged to have as its keynote speaker the Honorable Lauro F. Cavazos, Secretary of Education. In addition, as documented in the conference agenda, a wide array of Federal, State, and local government officials and private sector experts generously contributed their time and expertise to serve as speakers and panelists. The conference also benefited from the attendance of more than 450 invitees, including ***at least one person from every State.*** The attendees represented a diverse array of drug abuse programs and public school education agencies. They included:

- State Part B Coordinators;
- Governors and Chief State School Officers;
- Secretary's Discretionary Fund grantees;
- Single State Agency Directors for Alcohol, Drug Abuse, and Mental Health Administration programs;
- Representatives of various Federal agencies (Drug Enforcement Agency Office for Substance Abuse Prevention);
- The Regional Centers for Drug-Free Schools and Communities. (A complete list of attendees is included in Appendix II.)

To obtain additional information regarding the conference (e.g., on programs discussed or to contact a presenter), please contact RII, 1010 Wayne Avenue, Suite 300, Silver Spring, MD 20910; (301) 565-4020; attention: Ms. Prachee Devadas or Mr. Sonny Bloom.

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AGENDA

Fourth Annual Conference on Drug-Free Schools and Communities

Fairview Park Marriott Hotel
Falls Church, Virginia
June 11-15, 1990

Those sessions and presentations appearing in the Proceedings are indicated by the number of the page on which they appear.

Sunday— June 10, 1990

4:00 - 8:00 P.M.	Conference Registration (Fairfax Ballroom Lobby)		
	Sign-Up: Concurrent Sessions		

Monday—June 11, 1990

7:30 - 9:00 A.M.	Conference Registration (Fairfax Ballroom Lobby)		
	Sign-Up: Concurrent Sessions		
9:00 - 9:30	Welcome and Introductions (Salon V)	Allen King, Director Division of Drug-Free Schools and Communities, ED Alicia Coro, Director School Improvement Programs, ED John T. MacDonald Assistant Secretary Office of Elementary and Secondary Education	
9:30 - 10:00	*Keynote Address* (Salon V)	Honorable Lauro F. Cavazos Secretary of Education	Appendix I, p. 61
10:00 - 10:15	BREAK		
10:15 - 12:00	PLENARY SESSION: Federal Prevention Initiatives (Salon V)	Moderator: Dick Hays Former Director Drug Abuse Prevention Oversight Staff, ED Philip Oliver-Diaz Associate Deputy Director for Prevention Office for National Drug Control Policy	

		Bill Modzeleski Executive Director National Commission on Drug-Free Schools U.S. Department of Justice	
		Richard Weatherbee Assistant to the Attorney General U.S. Department of Justice	
		Elaine Johnson, Director Office for Substance Abuse Prevention, U.S. Department of Health and Human Services	
		Carol Behrer Associate Commissioner for Family and Youth Services Bureau U.S. Department of Health and Human Services	
		Amy Ficklin Drug Program Specialist Office for Drug-Free Neighborhoods U.S. Department of Housing and Urban Development	
12:00 - 1:30 P.M.	LUNCH/Speaker *"Laughing the Pushers Out of Town: A Humorist's Strategy to Fighting Drugs and Alcohol"* (Salon IV)	Alan Blum, M.D. Department of Family Medicine Baylor College of Medicine Houston, Texas	p. 1
1:30 - 3:00	CONCURRENT SESSIONS: Effective Grants Management		
	TRACK ONE: Part B State Administration— State and Local Programs (Junior Ballroom)		
	• *Part B Study Update*	Judy Thorne Research Triangle Institute North Carolina	
	• *Administrative/ Legislative Issues*	Mari Colvin Office of General Counsel, ED	
	• *Status of Certification Regulations*	William Wooten Drug-Free Schools and Campuses Task Force Office of the Secretary, ED	

TRACK TWO:
Discretionary Programs
(Salons VI, VII, and VIII)
Federal Activities Program;
Training of Teachers, Counselors
and School Personnel; Training
and Demonstration Grants for
IHEs; Regional Centers Program;
Hawaiian Natives Program

• *Administrative Issues*	Ralph Saunders Grants and Contracts Service, ED
• *Gaining Project Dissemination Through the Program Effectiveness Panel*	Charles Statford Office of Educational Research and Improvement, National Diffusion Network, ED

3:00 - 3:15 BREAK

3:15 - 4:45 BREAKOUT SESSIONS:
Program Issues

TRACK ONE:
Part B State Administration—
State and Local Programs

- *Governor's Programs*
(Vienna)

- *SEA Programs*
(Falls Church)

TRACK TWO:
Discretionary Programs

- *Federal Activities Program*
(Salon VI)

- *Training of Teachers, Counselors and School Personnel*
(Salon VII)

- *Training and Demonstration Grants for IHEs*
(Salon VIII)

- *Regional Centers Program*
(Arlington)

6:15 - 8:00 RECEPTION
(Fairfax Ballroom/Terrace)

Tuesday—June 12, 1990

8:00 - 9:00 A.M.	PLENARY SESSION: *"Drug Abuse Prevention in the 1990's: Reducing Risks, Enhancing Protective Factors"* (Salon V)	J. David Hawkins, Ph.D. Professor School of Social Work University of Washington Seattle, Washington	
9:00 - 9:15	*"Overview of Drug Prevention Research"* (Salon V)	Bill Bukoski, Ph.D Prevention Research Branch National Institute on Drug Abuse U.S. Department of Health and Human Services	
9:15 - 10:30	CONCURRENT SESSIONS: Turning Research Into Practice		
	• *"A Comprehensive Approach to Drug Abuse Prevention"* and • *"The Midwestern Prevention Project: Intervention and Evaluation of Effect"* (Salon I)	James Dwyer, Ph.D. Associate Professor of Research University of Southern California	p. 4
	• *"Reconnecting At-Risk Youth: A Research-Based Drug Prevention and Drop-Out Prevention Program"* (Salon III)	Leona Eggert, Ph.D. Associate Professor, Psychosocial Nursing University of Washington and Jerry Herting, Ph.D. Associate Professor Department of Sociology Stanford University	
	• *"Moral Development and Its Relationship to Drug Abuse and Deviant Behavior"* (Salon VI)	Marvin Berkowitz, Ph.D. Department of Psychology Marquette University	
	• *"Research Findings for Health for Life: A Comprehensive Health Education Program"* (Salon VII)	Douglas Piper, Ph.D. Wisconsin Division of Health and Paul Moberg, Ph.D. Research Director, Center for Health Policy and Program Evaluation University of Wisconsin	
	• *"Evaluation of the DARE Drug Abuse Prevention Program"* (Salon VIII)	Richard Clayton, Ph.D. Center for Prevention Reserch University of Kentucky	
	• *"Computer-Based Drug Information Assessment and Decision Support"* (Vienna)	Kris Bosworth, Ph.D. Center for Adolescent Programs Indiana University	p. 5

	• *"SAP Assistant: A Generic Database for Student Assistance Programs"* (Salon VIII)	Patricia S. Anderson Western Regional Center for Drug-Free Schools and Communities and Linda McCloskey Boise Indpendent School District Idaho	
	• *"Getting Started in Evaluation: A Workshop for Nonspecialists"* (Vienna)	Frank Carney Trainer-Research Specialist Midwest Regional Center for Drug-Free Schools and Communities	p. 12
	• *"Designing and Implementing Survey Instruments: What We Need to Consider Before and After"* (Great Falls)	Rodney Skager, Ph.D. Professor of Educational Psychology University of California Los Angeles	p. 13
	• *"Program Evaluation: To Know It Is To Love It"* (Arlington)	Beverly Graham Substance Abuse Coordinator Horry County School District South Carolina and Fran Bullock School Health Resource Teacher Bay County School Board Florida	p. 14
3:00 - 3:15	bREAK		
3:15 - 4:45	CONCURRENT SESSIONS (Repeat)		
5:15 - 6:15	Roundtable Discussions: ISSUES FOR THE 90's: "Tapping the Hidden Prevention Resources: Strategies for Communities in the 90s (Salon I)		Appendix III, p. 95
	"The Role of Local, State, and Federal Agencies in the 90s: What Should We Be Doing?" (Salon II)		Appendix III, p. 96

Wednesday — June 13, 1990

8:15 - 9:15 A.M.	*"Cooperation, Coordination, Collaboration: What Does This Really Mean?"* (Salon V)	James G. Kelly, Ph.D. Professor Department of Psychology and Public Health University of Illinois Chicago, IL	
9:15 - 10:30	CONCURRENT SESSIONS: Working Together in Prevention/ Education		
	• *"Collaboration and Cooperation Among States in the Northeast Region: A Panel of Five State Educational Agencies"* (Salon I)	Edith Vincent Delaware Department of Public Instruction Ken Glew Rhode Island Department of Education Mary Majorowicz Maine Department of Education and Cultural Services Russell Henke Maryland Department of Education Sue Mahoney Vermont Department of Education	p. 15
	• *"Southwestern Statewide Summit: Prevention Planning on a Statewide Scale"* (Salon II)	Mike Lowther Director Southwest Regional Center for Drug-Free Schools and Communities Elizabeth Gibson Project Director Communities for a Drug-Free Colorado Becky Davis Deputy Director Texas Commission on Alcohol and Drug Abuse Cal Cormack Kauffman Foundation Kansas City, Missouri Glen Wieringa Demand Reduction Coordinator Office of Drug Control New Mexico Department of Public Safety	p. 16

10:30 - 10:45	BREAK		
10:45 - 12:00	CONCURRENT SESSIONS (Repeat)		
12:00 - 1:30	LUNCH/Speaker *"Drugs Demographics: The Future Is Here Today"* (Salon IV)	Harold Hodgkinson Director Center for Demographic Policy Institute for Educational Leadership Washington, D.C.	
1:30 - 3:00	CONCURRENT SESSIONS: Addressing Cultural Needs and the Special Needs of Other Populations		
	• *"The Impact of History and Culture on the Self-Esteem of African American Youth and Its Application for Drug Awareness, Education, and Prevention"* (Salon I)	Anthony Browder Director Karmic Institute Washington, D.C.	p. 28
	• *"Developing Prevention Programs For Adolescents With Emotional and Behavioral Disorders and Other Handicapping Conditions"* (Salon II)	Kevin W. Allison, Ph.D. Assistant Professor of Psychology Penn State University	p. 30
	• *"Renewing Traditions: A Prevention Curriculum for American Indian Children and Families"* (Salon III)	Kathryn Begaye Indian Education Unit Arizona Department of Education	p. 31
	• *"Prevention in the Vietnamese Community"* (Salon VI)	Anh Hung Nguyen Counselor Indo Chinese Youth Center Los Angeles, California	p. 31
	• *"Cross-Cultural Training and Prevention Strategies"* (Vienna)	Marvin Williamson and Marva Crawford-Williamson M & M Associates Oklahoma City, Oklahoma	p. 32
	• *"Bafá Bafá: A Cross-Cultural Simulation Exercise"* (Salons VII and VIII)	Jim Romero Senior Analyst and Suzie Frazier New Mexico State Coordinator Southwest Regional Center for Drug-Free Schools and Communities	p. 33

Thursday —June 14, 1990

8:15 - 9:15	*"Substance Abuse Prevention Means a Change in Business as Usual"* (Salon V)	George Albee, Ph.D. Professor Department of Psychology University of Vermont	p. 36
9:15 - 10:30	CONCURRENT SESSIONS: Strategies for Community Involvement		
	• *"Utilizing Sororities and Fraternities as a Community Resource in Drug Education and Prevention"* (Salon I)	Richard Booze Assistant Director Leon Hendricks Lead Trainer and Mabel Edmonds Consultant Midwest Regional Center for Drug-Free Schools and Communities	p. 37
	• *"Community-Wide Strategies in Portland, Oregon and Oakland, California: From Early Childhood to Adulthood"* (Salon II)	Judith Johnson Director Ralph Baker and Carol Thomas Regional Coordinators Western Regional Center for Drug-Free Schools and Communities	p. 38
	• *"Selling Soap: Multilevel Marketing Approach to Community Organizing"* (Salon III)	Robert J. Hill Community Organizer "Each One - Reach One" Prevention Project George Mason University Fairfax, Virginia	p. 40
	• *"KIDS In Touch"* (Salon VI)	Gwen Grams Illinois Department of Alcoholism/ Substance Abuse Chicago, Illinois Terry Fencl Executive Producer Triton College	p. 41
	• *"Television: Broadcast and In-School Roles In Substance Abuse Education and Prevention"* (Salon VII)	Harvey F. Bellin Weston Woods Institute, Connecticut Michelle Ward-Brent PBS Network, Alexandria, Virginia Reginald Carter National Federation of Local Cable Programmers Washington, D.C. and	p. 42

3:00 - 3:15	BREAK		
3:15 - 4:45	CONCURRENT SESSIONS (Repeat)		
5:15 - 6:15	Roundtable Discussions: ISSUES FOR THE 90s: "The Continuum of Care... Prevention, Intervention and Treatment: Trends for the 90s" (Great Falls)		Appendix III, p. 98
	"Prevention in Multicultural America: The Impact of Race, Language and Ethnicity in the 90s" (Falls Church)		Appendix III, p. 98

Friday - June 15, 1990

8:30 - 9:45	Report Back: ISSUES FOR THE 90s (Salon V)		
9:45 - 10:45	*"Social Change and Community Mobilization"* (Salon V)	William R. Carmack, Ph.D. Regents Professor of Communication University of Oklahoma Norman, Oklahoma	
10:45 - 11:00	Wrap-Up and Evaluation (Salon V)		

Attendees of the Fourth Annual Conference of Drug-Free Schools and Communities Appendix II, p. 67

PROCEEDINGS

KEYNOTE ADDRESS

The Honorable Lauro F. Cavazos, Secretary of Education
Please see Appendix I for a complete transcript of the speech.

Laughing the Pushers Out of Town: A Humorist's Strategy for Fighting Drugs and Alcohol

Alan Blum, M.D.

This presentation may be hazardous to preconceptions about tobacco and alcohol problems and the way they are portrayed in the mass media. One objective is to move away from conventional generic antidrug vocabulary and into the specific brand-name prodrug consumerist vocabulary created by Madison Avenue. In order to do this, it is necessary to scandalize the way in which we have traditionally looked at these issues. The goal of drug-free schools should be regarded as an absolute minimum standard, as opposed to a commendable goal. Similarly, we should aim for every child to "score a hundred"—to achieve academic, athletic, and occupational goals—as opposed to just getting "back to zero"—i.e. "drug-free," which is the very least we should hope for every child.

The number one preventable cause of death and disease in our society is not drugs, alcohol, or tobacco. It is not heart disease or lung cancer. Rather, it's Marlboro. This is a very crucial thing to understand. According to the National Institute on Drug Abuse, all illicit drugs combined cause 5,000 deaths a year, while tobacco alone takes 390,000 lives each year. And far and away the leading tobacco product is Marlboro, which accounts for more than one in five cigarettes sold. This fact is very hard for some people to swallow, even for many in the antidrug arena, since tobacco is so seldom included. Tobacco is not just a "gateway" drug— it is also all too often the end of the road for many users. The tobacco industry is enabled to succeed because of the eager acquiescence of media corporations that publish front page calls-to-arms for a war on drugs with back page advertisements for cigarettes and beer. Moreover, such advertising remains ubiquitous and unchallenged because we are not invading the context of where kids want to be. We presume that all learning for children takes place in schools and that if we just give kids the facts—the bad news, if you will—about smoking and drinking they will simply never light up or drink up. Instead, we should focus on changing attitudes by giving children permission to laugh at acceptable conventions, such as that smoking is an "adult custom," to cite a phrase of the tobacco industry. What should we say to a teenager who smokes? "What? You still smoke?! Come on, you're too old to smoke. That's for the little kids." It'll drive them up a wall.

In drug education cognitive and behavioral objectives are essential, but changing attitudes (that have been molded by misleading image-based messages by alcohol and tobacco advertisers in the mass media) is far more important than giving the straight facts

or claiming short-term change in drug use behaviors. We should also devote far more resources to intervention rather than to evaluation. Image-based strategies must be adopted. A picture is worth a thousand words, and since the exploiters of kids have used images to help undermine what we are doing, so we should be creating much more potent, frequently seen counter-images to undermine specific brand-name appeals by the pushers of such youth-oriented products as Marlboro and Miller Lite. The key word is context. The tobacco and alcohol pushers know how to invade the context of our children.

We need to see what's going on outside of schools—not just in the context of where we think children are learning. We talk about drug-free schools, yet overlooking the playground can be found huge billboards for KOOL cigarettes or Budweiser beer, and across the street, where there once used to be malt shops, there are now stores plastered top to bottom with cigarette ads offering t-shirts with a one-or two-pack purchase. Inside are video games like SEGA's Monaco GP with ads for Marlboro programmed into them.

Walking the streets of our communities, especially where there are large numbers of persons with low income or little education, we find heavy concentrations of needless billboards for needless products. Most tout brands of tobacco or alcohol. Even advertisements for Coca-Cola become drug-pushing messages like "Bacardi rum and Coke—Love at first sip" or "Seagram's and 7-Up—America's favorite couple." If the companies that sell Coca-Cola or 7-Up really didn't want to be associated in the public mind with alcohol, they wouldn't permit their All-American family soft drink image to be so perverted by liquor advertisers. Perhaps we should not permit any corporation to participate in the War on Drugs until they have given up all cooperative promotional arrangements with alcohol and tobacco advertisers.

This won't be easy. Consider, for example, that our Olympic athletes train at the Miller Beer Olympic Training Center and that the rulers of Olympic Games continue to permit "the official beer of the Olympics" (a title that simply goes to the highest bidder). And considering all the sports events on TV that are sponsored by beer companies, one cartoonist was moved to draw a child asking, "Pop is there some kind of law that says you got to be an athlete to be in a beer commercial."

Alcohol advertising in association with sports is antithetical to the promotion of a drug-free message. Yet we have the Miller Lite NFL Player of the Week and Player of the Year with the approval of the National Football League. Imagine the outrage on the part of the NFL if we were to name the NFL Drinker of the Week.

Similarly, in spite of or perhaps because of concern about drinking and driving, alcohol companies have become the foremost sponsors of automobile, motorcycle, and power-boat racing—as if to say, "Who are you going to believe, us or your own eyes?" Such sponsorship makes a mockery of efforts to disassociate alcohol and automobiles and enables the alcohol industry to perpetuate the perception that alcohol problems are solely the responsibility of the user and not even in part, that of the promoter of the product.

Perhaps the most cynical, insidious and shameless example of alcohol industry arrogance is the underwriting by breweries of so-called "responsible drinking" programs

such as Texans Against Drunk Driving. Industry slogans such as "Drink Safely," "Know When to Say When," and "Think When You Drink" all sound noble at first until one realizes that the ultimate message is to drink.

But as health professionals have gotten wise to such alcohol industry shenanigans, the companies have become sponsors of ethnic groups and even health related charities including the NAACP, the United Negro College Fund, United Cerebral Palsy, the Cystic Fibrosis Foundation, the Special Olympics, and the Muscular Dystrophy Association.

In essence, alcohol marketers have no special skill. They need only look at a map to see where young people are and at a calendar to see when they'll be there. The companies then appear at as many popular events and activities as possible. Truth may be good, but juxtaposition is better.

What are we doing to counter alcohol and tobacco industry appeal to young people beyond pamphlets, posters, and preaching? Sad to say, all too little. Media corporations that solicit and covet alcohol and tobacco advertising revenue may even be worse culprits than their advertisers in lending editorial credibility to the myth that such advertising does not encourage consumption of alcohol and tobacco among young people. They and the industry blame peer pressure and parents for adolescent alcohol and tobacco use in spite of the obvious youthful appeals of advertising propaganda. The tobacco and alcohol companies are even including cartoon characters like Old Joe the Camel and the Coors Beer Wolf, while repeating straight-faced denials that they don't aim at teenagers.

Although alcohol and tobacco take more than 100 times as many lives as illegal drugs, all too many people still deny that these substances are the cornerstones of drug abuse. DOC (Doctors Ought to Care) was started in 1977 as a way to redress this denial--to laugh the pushers out of town. DOC members do not just lecture to children; we work with them to tap their creativity in and out of school. As medical activists, we go into the community to reinforce what we do in the office.

We need to identify by name, for young people, the alcohol and tobacco pushers and their allies in the billboard industry and other media corporations. For example, the seven early warning signs of cancer that should be taught to children are the following: Philip Morris (makers of Marlboro, Virginia Slims, Benson & Hedges, among other cigarette brands); RJR Nabisco (Camels, Winston, Salem); Brown & Williamson (Kool); Loews (Newport, Kent); American Brands (Lucky Strike, Carlton), Liggett (Eve, Chesterfield, and generics), US Tobacco (Skoal and Copenhagen chewing tobacco). These are the seven largest America tobacco companies.

As smoking prevalence declines ever so slightly in this country (by less than 1 percent a year), it is dramatically increasing in developing nations. Yet on the 25th anniversary of the landmark Surgeon General's report on smoking, not a single one of the 25 major magazines directed to women even alluded to the problem of smoking in their health columns. For that matter, further mentions of the hazards of smoking can hardly contract the $3 billion spent each year on image-based advertising for cigarettes. We meed to encourage students to counteract these images and give them permission to strike back.

The tobacco issue is not a static one, whereby students armed with the facts about the harm smoking causes will merely avoid tobacco products. Rather, the issue is a dynamic one, with the industry constantly changing its identity such as by shifting advertising expenditures into the sponsorship of sports and entertainment. To counteract this, every school or civic organization could easily sponsor amateur sports teams with a logo that says, "Just say no to Marlboro, Camel, Miller and Budweiser."

Our motto is "Laughing the pushers out of town." We challenge pharmacies that sell cigarettes and alcohol to rejoin the health care team and drop such sales. We urge civic leaders to remove tobacco and alcohol billboards. We purchase counteradvertising space instead of relying on public service advertising. But more often than not, media corporations deny us the opportunity to get up next to the drug-pushing messages. So we have come to rely on smaller media outlets like bus benches and weekly newspapers.

In response to "Country Fresh Salem," we've created, 'Country Fresh Arsenic." "Cutty Sark" becomes "Cutty Shark"—people, like ships, sail better when they're not loaded." Cigarette brands like "Arctic Lights" become "Arctic Lungs—cool as a corpse." Our version of Uptown is "Upchuck." And in the most recent campaign by RJR Nabisco for Dakota cigarettes, we created "Dakota, DaCough, DaCancer, DaCoffin."

Remember: kids do not buy "tobacco"; they do not ask for a six-pack of "alcohol" or a carton of "nicotine." Rather, they use "Bud," "Miller Lite," "Marlboro," and "Camel." This is crucial: the number one preventable cause of death in our society is Marlboro and it is this brand-name and others that we must overcome.

With the knowledge that over ninety percent of people who smoke and drink started before the age of 21, we must undermine through paid counteradvertising the symbols and logos that tobacco and alcohol companies use to appeal to young people.

CONCURRENT SESSIONS:
TURNING RESEARCH INTO PRACTICE

The Midwestern Prevention Project: Intervention and Evaluation of Effect

James Dwyer, Ph.D.
Associate Professor of Research
University of Southern California

The Midwestern Prevention Project (MPP) began in 1984 with a comprehensive community intervention in metropolitan Kansas city aimed at the prevention of drug abuse. The major focus was upon the use of cigarettes, alcohol and marijuana—the "gateway" drugs. The MPP expanded to metropolitan Indianapolis in 1987. The interventions involve all of the local communities and all of the schools in each metropolitan area.

The comprehensive intervention consists of multiple components: a school curriculum implemented in the seventh and eighth grades, media events (television, radio, and print), school policy initiatives, formation of parent committees, parent training sessions, homework tasks involving parents, and organization of community leaders.

In order to estimate the impact of the intervention, the school curriculum was delayed in a quasi-experimental (Kansas City) or randomized (Indianapolis) evaluation design. Drug use was measured in a sample of children from all schools with self-report questionnaires and concentrations of carbon monoxide in expired air. In the case of Kansas City, significant reductions of between 20 and 40 percent in the prevalence of drug use were observed after one year of follow-up. These differences were found for all three gateway drugs and have persisted to four years of follow-up (when the children were in the eleventh grade). The evaluation in Indianapolis is ongoing.

The MPP is being expanded to include a high school intervention beginning in the 1990-91 school year. The impact of this intervention will be expanded to include harder drugs and secondary consequences of drug abuse.

Computer-Based Drug Information Assessment and Decision Support

Kris Bosworth, Ph.D.
Center for Adolescent Studies
Indiana University

Maintaining drug-free schools, homes, and communities for youth presents complex issues. Some students may need support in resisting pressures to use alcohol or other drugs. Some may come from a home where a parent is abusing alcohol. Still others may worry about how to deal with friends who are using alcohol or other drugs. For adults who work with youth, the question centers around how to provide the best environment and programs for youth that discourage the use of alcohol or other drugs while, at the same time, offering help and assistance for those students who become chemically dependent.

Because these concerns are personal and potentially sensitive, many of the traditional routes to deal with them are not appropriate for either students or adults working with youth. A computer-based system offers the opportunity to privately explore individual issues or concerns. Such a system can also provide referral to other groups, agencies or organizations to help deal with more severe problems or concerns. This session introduced two computer software packages that provide information and decision support for youth and adults working with youth. DIADS (Drug Information Assessment and Decision Support) helps teachers and other school personnel lay the foundation for a comprehensive drug abuse prevention program by:

1) assessing the strengths and weaknesses of the current program;
2) providing information on various approaches to drug abuse prevention;
3) providing information on specific curricula and other programs nominated by national experts; and
4) providing decision-making tools that will facilitate the implementation of a comprehensive program.

BARN (Body Awareness Resource Network) provides adolescents with current nonjudgmental information about alcohol and other drugs and decision-making tools and simulations to help students resist pressures to use and to help friends and family members who are abusing alcohol and other drugs. BARN uses graphics, animation, computer games, risk assessments, and simulations not only to provide comprehensive information but to help students process the information and relate it to the decisions that they need to make within their own lives.

Psychosocial Epidemiological Issues in Childhood Adolescence Related to Later Drug Use

David Brook, M.D.
Associate Clinical Professor of Psychiatry
Mount Sinai School of Medicine

Judith S. Brook, Ed.D.
Associate Professor of Psychiatry
Mount Sinai School of Medicine

Our group's research findings about risk and protective factors have a number of implications for setting up programs for treatment and prevention of substance use. Family-centered interventions can help direct family interactions, via a child-centered approach in the family setting, to result in independent and goal-directed achievement behavior. Such interventions can also have positive effects on the parent-child mutual attachment relationship, which helps protect the child against certain of the risks for later substance use. Early identification of children at risk for later substance use can give school personnel a central role in setting up early family-centered interventions. School-based programs to encourage the implementation of shared parent-child activities, parent action and education programs, peer counseling programs, and positive school achievement programs can act protectively to lessen the risk of substance use or abuse. Enhanced teacher-student communication and a positive, nonconflictual school learning environment can aid prosocial peer group formation in offsetting risks for substance use. Teaching students facts about substance use and abuse can lessen the harmful effects of a lack of knowledge. Special school programs for children especially at risk can complement early identification of children at risk.

The research team at Mt. Sinai School of Medicine investigating adolescent substance use, led by Dr. Judith S. Brook, has discovered certain risk factors for substance use in childhood and adolescence. Individual risk factors for substance use include aggression, unconventionality, deviant behavior, and tolerance for deviance. Family risk factors in-

clude parental rejection and hostility, authoritarian (versus authoritative) parental disciplinary measures, sibling conflict, and sibling substance use. Peer risk factors include peer drug use and peer deviant behavior. School risk factors include lack of a clear school structure, school conflict, and a lack of a positive learning environment. Protective factors ameliorating the noxious effects of risk factors include school achievement, which leads to decreased substance use. A number of personality, peer, family, and school factors act together in complex, interrelated roles as risk or protective factors for adolescent substance use or abuse. Special training to teach children problem-solving skills to reduce early childhood aggression may be helpful, and involvement with community groups can aid in reducing some adolescent risk factors for substance use.

Evaluation of a National Drug Abuse Prevention Media Campaign: Partnership for a Drug-Free America

Gordon Black, Ph.D.
Chairman and CEO
Gordon S. Black Corporation
Rochester, New York

The antidrug advertising of the Partnership for a Drug-Free America is the largest public service advertising effort since the "war bond" drives of World War II. To date, over $40 million in advertising messages have been developed and over $400 million in free time and space has been donated since the program began. Each year, over 7,000 respondents participate in an attitudinal tracking study designed to evaluate the effectiveness of the advertising effort. This research provides growing evidence that the advertising by itself can accelerate both attitudinal and behavioral change against drug use and abuse.

CONCURRENT SESSIONS:
PROGRAM EVALUATION

Drug Prevention Programs Can Work

Nan Tobler, M.S.W.
New York, New York

The purpose of this presentation was to elaborate on the nature and content of successful adolescent drug prevention programs and to consider these programs in conjunction with the developmental stages of adolescence and the current ideology of adolescent drug abuse. Research findings providing substantial evidence that some adolescent drug prevention programs can work were presented.

The results of a meta-analysis of 143 programs, which identified two program types or strategies effective in reducing teenage drug use and abuse (Tobler 1986), were summa-

rized. In addition, new research findings (whose results had not previously been reported) for a subject of 91 of the original 143 programs that included drug use measures to demonstrate the programs' ability to prevent, retard or reduce teenage drug use were also shared.

Evidence obtained from these 91 programs indicates that implementation factors, in particular, the effect of the leader, may impact the success of the program as much as the type or strategy of the program. These findings also suggest that the program type and the targeted drug may interact, thus increasing the likelihood of success or failure. Research findings on tobacco- and alcohol-specified programs were also included.

Evaluating New Jersey's Drug Programs: One State's Approach

Joanne Boyle
Drug and Alcohol Coordinator
New Jersey Department of Education
Trenton, New Jersey

An overview of New Jersey's drug and alcohol program initiatives, along with the evaluation methods and outcomes of those initiatives was presented. Since the release of the Governor's Blueprint for a Drug-Free New Jersey in 1986, New Jersey has accelerated its prevention efforts by establishing grant programs, increasing training opportunities and publishing guides for program implementation. The grant programs are made possible by the availability of State and Federal resources and are the centerpiece of the department's efforts.

The Drug-Free Schools and Communities Act State and Local Grants program has provided over $11 million to local districts to augment substance abuse prevention/intervention efforts. The program is funded by both State and Federal dollars. In 1988-89, the first year of the grant program, over 4,000 students were involved in activities (i.e., school-based support groups, peer education, informal counseling sessions) with the Student Assistance Coordinators (SACs). SACs performed 2,814 formal "intakes" with students experiencing alcohol/drug problems; over 500 students were referred for outside treatment services. Additionally, SACs spent an average of 14 percent of their time training teachers; 69 percent of the SACs implemented core teams in their districts and about half of the SACs either founded or are coordinating their community alliances. Data on the SAC program are collected semi-annually on the SAC Record- Keeping System (an automated and paper system that tracks all referrals).

The Elementary School Intervention Grant Program has provided ten local districts with funds to pilot research-based elementary level prevention/intervention programs. The grant program has been funded by State and Federal dollars. In the 1988-89 school year, over 680 students participated in program activities. Additionally, six of the ten districts showed improved student attendance in the first year of implementation. Data are collected on standardized instruments (semi-annually) by the department.

The presentation underscored the importance of providing grantee districts with an evaluation plan and with the necessary forms and questionnaires to collect data. This method is preferable to allowing districts to construct their own evaluation. The State Department of Education then collects the forms on a regular basis for analysis. In this way, data collection methods are standard throughout grantee districts and results are meaningful.

Evaluation Show and Tell: How to Report Your Findings

Judith K. Lawrence
Evaluation & Dissemination
Southwest Regional Center for
Drug-Free Schools & Communities
University of Oklahoma

As is true for every specialization, the field of evaluation has its own jargon, procedures, and conventions regarding reporting findings. As a result, those of us working to prevent the use of alcohol and other drugs by children and youth—who may or may not be trained in how to collect, analyze, and report data—may be intimidated by the increasing demand to show that what we are doing is having an impact. As is true for every specialization, in reality it is possible to demystify the prevention evaluation field. Our view of the jargon, procedures, and conventions used in reporting evaluation offers a practical, step-by-step means for such demystification.

Evaluation is presented as an ongoing continuum—a yearly cycle of planning, implementing, assessing, and reporting the effectiveness of prevention strategies and initiatives. The cycle begins with a needs assessment, which determines existing and potential resources and problems related to preventing the use of alcohol and other drugs. Findings from the needs assessment are used to plan and implement specific prevention programs. By monitoring the implementation of each prevention program, process evaluation determines the extent to which implementation has or has not occurred relative to what was planned. Outcome evaluation assesses the program's effectiveness in meeting measurable short-term goals and objectives. If—and only if—comprehensive prevention programming has occurred over a significant period of time, impact evaluation is conducted.

The reporting of findings is slightly different depending on which type of evaluation is conducted, but there are basic commonalities regardless of the specific type. Differences include the purpose for conducting the evaluation, the uses of evaluation findings, the formality of tone of the reporting, the key content, and the presentation/dissemination formats used. Commonalities include having background descriptive information about the program(s) (e.g., its origins, goals, target participant characteristics, staffing, and administrative arrangements); a description of the evaluation design; anticipated and unanticipated findings; and recommendations following from the findings.

Depending on who has a particular interest in the results of each of the above evaluation components, evaluation findings can be tailored to target audiences. These are often referred to as stakeholders. With the interest in and concern about the problems associated with the use of alcohol and other drugs in the nation, potential audiences or evaluation stakeholders can include funding agencies, parents, the media, and others. Possible presentation modes and formats for different stakeholders were discussed.

With so many having interest in the situation regarding alcohol and other drugs in the United States, the presentation closed by offering a variety of ways to report typical statistics of interest to most audiences—the incidence and prevalence of using any particular substance, both at one point in time or over time.

No school community or State is going to feel compelled to mobilize for prevention unless a needs assessment has been conducted—and used—so it is well known that problems exist. No program can know how to explain its short-term outcomes or long-term impact unless it is known whether it is being implemented as planned. And no funding agency can determine whether to continue its support until it has some assurance that a program is having some positive impact. Fundamentally, evaluation is nothing more than being able to articulate that you know what you are doing and why.

A Comprehensive Approach to Evaluating School-Based Prevention Programs

Nancy P. Hanson
Comprehensive Health Unit
Arizona Department of Education

Randall M. Jones, Ph.D.
Department of Family/
Community Medicine
University of Arizona

The Arizona Department of Education's (ADE) Comprehensive Health Unit has implemented a process to monitor school-based chemical abuse prevention and early intervention activities throughout Arizona. This initiative, the Chemical Abuse Prevention Program Evaluation, evolved to:

- Provide evidence that chemical abuse prevention efforts are beneficial;
- Inventory a variety of school-based chemical abuse prevention activities that are ongoing throughout the state of Arizona;
- Assess the extent of high-risk behavior among students;
- Identify particularly effective prevention strategies for students;
- Provide building administrators with ongoing, practical evaluation information and tools they can use to enhance their prevention efforts,

monitor impact and trends, and advocate for a comprehensive chemical abuse prevention program, which became effective December 15, 1989.

An eight-member working group with representation from the State universities, State agencies, and several schools and districts was assembled and began meeting bi-weekly during the spring and summer of 1989 to address these needs. In addition, a 50-member "sounding board," representing large and small schools and school districts through the State, was established to review the draft documents prepared by the working group. As a result, two questionnaires (a four-page district questionnaire and a nine-page school questionnaire) were developed.

In the fall of 1989, each school and school district in Arizona received a questionnaire. By January of 1990, 802 schools and 175 districts had returned their complete (and partially complete) questionnaires to ADE. Responding schools included 414 that were classified as elementary, 119 middle level/junior high schools, 117 high schools, 104 grades K-8 schools, and 48 grades K-12 schools. These data were then combined with existing data already on file at ADE for each school (e.g., student demographic characteristics including gender, ethnicity, grade, withdrawal, graduation, and dropout; faculty/staffing patterns; reduced/free lunch information; and each school's prevention curricula).

Model district and school formats were developed to ensure that participating schools and districts would receive information relevant to the goals listed above. Parameters for statewide comparisons were generated for each of five school types (elementary, junior high/middle school, high school, K-8, and K-12) and each of six district types (large and small elementary, high school, and unified). During the first week of April 1990, all Arizona schools and districts received a summary comparing their school (or district) to "schools (or districts) like yours" on key questions that reflected all nine components for comprehensive prevention programs mandated in the State Board of Education Rule R7-2-312. School and district reports also provided a vehicle for disseminating information concerning chemical abuse prevention efforts across the State.

Topics addressed in the session "A Comprehensive Approach to Evaluating School-Based Prevention Programs" included:

- Project goals, objectives, and time lines;
- Questionnaire construction;
- Marketing and training;
- Data collection;
- Model school and district report formats; and
- A summary of key findings related to school-based chemical abuse prevention efforts in Arizona schools.

Key findings included information concerning policies and procedures (dissemination and evaluation), the school/community advisory committee (functions and activities), curriculum (average student exposure, who teaches the curriculum, content, and placement with the broader curriculum), staff training (content and length), identification and referral (process), parent and community involvement (in general and related to chemical abuse prevention in particular), student activities (extracurricular and prevention-oriented), school environment (school spirit, student orientation, etc.) evaluation of chemical abuse prevention efforts, barriers to chemical abuse prevention efforts perceived by the schools, and school perceptions of effective prevention activities.

Getting Started in Evaluation: A Workshop for Nonspecialists

Frank Carney
Trainer-Research Specialist
Midwest Regional Center for Drug-Free
Schools and Communities

Evaluation begins with a clear operational definition of the problem. Evaluators pull from the problem statement a set of goals that are transformed into objectives. Objectives normally address what will be done, by whom, to whom, how, what for, and by when as measured by what method with what effect.

While there is sometimes only a need for process evaluation, which is largely for the purposes of contract compliance, the necessity for product evaluation (outcomes) must be faced up to squarely. Undertaking a product evaluation without the necessary resources, hardware, software, time, and expertise leads to frustration.

Those taking on the job of evaluation need to project as accurately as possible the demands on staff that evaluation entails. The question, "Who is going to use the evaluation findings and for what?" needs to be addressed and clearly answered as it will to a considerable extent determine what will be done. The intricacies involved in answering the question "Does it Work?" are not easily resolved. The situation is inherently ambiguous. There is no simple way to answer the question. We can and should strive for a clarity that may in spite of all our efforts remain elusive. The important thing is to take on the task of providing an answer.

Designing and Implementing Survey Instruments: What We Need to Consider Before and After

Rodney Skager, Ph.D.
Professor of Educational Psychology
University of California
Los Angeles, California

This workshop addressed questions and answers that have emerged from the experience of the presenter in conducting substance use surveys at the district, county, and State level. The following topics were covered:

- A brief history of the California Substance Use Survey at the local, county, and State levels was provided as a way of defining the various contexts in which surveys are useful.

- The need to identify stakeholders in substance use surveys was stressed, including sources of indifference and even active opposition among members of the community, school professionals, and State bureaucracies. Supporters should have the opportunity to suggest content areas to be assessed but ordinarily would not be encouraged to submit actual assessment materials.

- It was stressed that before proceeding with any survey development, a choice needs to be made between standard survey and so-called "quick-response" approaches. This decision should be based on real information needs as well as availability of technical and other resources.

- Information on how surveys developed for needs assessment and evaluation (in contrast to research) must be designed was provided. Surveys must be developed with a pragmatic conception of:

  - what information will actually be useful;

  - the format and length appropriate for the respondents;

  - conditions under which the survey will be administered;

  - technical capabilities available locally for analysis and reporting.

- Practical formats for survey questions were reviewed. Illustrative materials were provided.

- Cooperative roles for schools in making the survey process efficient and acceptable to students and parents were outlined.

- Formats for presenting survey results that satisfy information needs of various stakeholders without doing violence to the data were illustrated. Specific kinds of information that are most likely to be noticed by members

of the community, professionals in schools and public and private agencies, officials, and legislators were described.

- Another topic dealt with the preparation of written reports and summaries so as to be read by as many stakeholders as possible—are tables and figures enough, or is text essential as well?

- The cost effectiveness of designing and implementing surveys was also discussed—what should various kinds of surveys cost? It is important to realize that even reasonably sophisticated surveys can be done at relatively low cost. Also relevant is the role of schools and other public agencies in reducing costs.

Program Evaluation: To Know It Is To Love It

Beverly Graham
Substance Abuse Coordinator
Horry County School District
South Carolina

Fran Bullock
School Health Resource Teacher
Bay County School Board
Florida

"Bay County Drug-Free" (B.C. Drug-Free, Panama City, FL) was formed a year ago as a community/school drug education task force. The Southeast Regional Center for Drug-Free Schools and Communities (SERC) provided the training and technical assistance for our team's debut and progress. One of the objectives of the team was to conduct an old fashioned Town Meeting to increase awareness and involvement in the organization.

Many hours of planning went into this project and, again, with technical assistance and training from SERC, we evaluated our efforts with their four-step approach model taken from their evaluation instrument. The instrument was designed for the "non-evaluator" and indeed proved to be workable as the presentation demonstrated.

By having something in writing, we now have direction for future projects and also have proof as to what we are about when we ask for community assistance. A "B.C. Drug Free" brochure, short commercial, and a community drug awareness survey were presented at the conference and contacts were made available to participants for future reference. The evaluation model is available from SERC in Atlanta, Georgia. For further information, write to: PRIDE, The Hurt Building, Suite 210, Atlanta, GA 30303.

Collaboration and Cooperation Among States in the Northeast Region: A Panel of Five State Educational Agencies

Edith Vincent
Delaware Department of Public Instruction

Ken Glew
Rhode Island Department of Education

Mary Majorowicz
Maine Department of Education and Cultural Services

Russell Henke
Maryland Department of Education

Sue Mahoney
Vermont Department of Education

In the panel discussion made by the Northeast Regional Center, Rhode Island conducted its presentation around its accomplishments in substance abuse prevention.

In January 1990, Governor DiPrete issued the Statewide Plan in Substance Abuse Prevention. This document had 78 initiatives as guidelines for the ensuing year for the State of Rhode Island. The accomplishments of these initiatives were funded by the Drug-Free Schools and Communities Act and funding provided through substance abuse legislation. Some of the most significant accomplishments are as follows:

- The establishment of an Interagency Task Force to coordinate all agencies in the area of substance abuse prevention.
- The establishment of the Office of Substance Abuse with the following positions:
    - Director
    - Consultant for Department of Education
    - Consultant for Substance Abuse Division
    - Consultant for State Police
- A statewide teacher training directed by the State Department of Education.
- A mandated Comprehensive Health Education Instructional Outcomes Evaluation directed by Department of Education.

- A Student Assistance Program (SAP) in every high school and junior high school directed by the Division of Substance Abuse.
- A Community Task Force on Substance Abuse in every community with State funding directed by the Division of Substance Abuse.
- The enactment of State legislation requiring course work in comprehensive health and substance abuse for every teacher to become certified.

Southwestern Statewide Summit: Prevention Planning on a Statewide Scale

Mike Lowther
Director
Southwest Regional Center for Drug-Free Schools and Communities

Elizabeth Gibson
Project Director
Communities for a Drug-Free Colorado

Rebecca Davis
Deputy Director
Texas Commission on Alcohol and Drug Abuse

Cal Cormack
Kauffman Foundation
Kansas City, Missouri

Glen Wieringa
Demand Reduction Coordinator
Office of Drug Control
New Mexico Department of Public Safety

In December 1989, Southwest Regional Center for Drug-Free Schools and Communities (SWRC) hosted a five-day Southwestern States Summit. Invitees from all ten States — consisting of top-level policymakers in a position to affect prevention programming in their respective States—worked as teams throughout the week to develop comprehensive action plans to be implemented at home to reduce the use of alcohol and other drugs. Each State team numbered about 15, and included representation from State departments of education, governors' offices, single State agencies, and other key players in prevention.

Panelists were spokespersons from four of the ten Southwestern State teams who participated in the Summit and have returned home to implement the action plans developed there. Because each State represented—and indeed throughout the United States—has a unique existing prevention infrastructure, there is much variety regarding both the nature of their immediate activities and the experiences they have had upon returning from the Southwestern States Summit.

Colorado reported that its Summit Team has met monthly to substantially enhance the extent to which all entities concerned with the issue of the use of alcohol and other drugs are providing nonduplicated and collaborative services in Colorado. They are

developing a five-year plan and, in October, will be presenting this plan at public meetings throughout the State. Whereas previous collaborators in Colorado tended to be funders rather than service providers and prevention programming did not have much interfacing with treatment of supply reductions, the Summit experience served as a catalyst in Colorado for unprecedented communication and cooperation among agencies.

In Texas, Ms. Davis reports that in February, the Texas Board of Commissioners unanimously approved the assignment of the Texas Summit Team as an official working committee of the Texas Commission on Alcohol and Drug Abuse. Moreover, the Commissioners approved $15,000 for one year to support the travel and other expenses needed by the Summit Committee. Subsequently, the group has developed a projected five-year direction for mobilizing communities for prevention that will be presented to the Texas State Legislature as a formal Legislative Funding Request (LFR) for the 1992 Biennium.

In New Mexico, a spinoff of the Southwestern States Summit in December 1989 was the conducting of a two-day New Mexico Governor's Prevention Planning Summit in May 1990. The Office of Drug Control was the lead agency for this event, with assistance from the Governor's office and the SWRC coordinator for New Mexico. This event was attended by approximately 175 people, representing numerous constituencies. The immediate results of the summit included the development of a mission statement, eight areas of goal statements, a listing of barriers and solutions to effective statewide prevention, and answers from each group to a set of questions regarding what they were willing to contribute. These were disseminated to key contact people from each group who will serve as an ad hoc advisory group to formal, existing prevention networks. Collaboration increases within New Mexico each week among entities not previously in regular contact with each other. Moreover, the National Guard (who participated in this Summit) are in the process of planning a demand reduction planning summit to occur by August 1990—an unanticipated outcome of this very successful prevention initiative.

Kansas reports that the State Summit Team has met regularly, has developed a statewide strategic plan for prevention, and considerably expanded its membership while establishing itself as the Kansas Ad Hoc Coalition of Prevention Programs—including representation from the office of the Governor and Attorney General, Social Rehabilitation Services, Education, and others active in the State. Moreover, a membership drive meeting is scheduled for the end of June when the plan for statewide prevention collaboration and cooperation will be described, with assumptions and procedures and formal approval of officers. To develop a basic working budget, all organizations/members of this Coalition will pay an annual membership fee.

As is clear in the few short months since the Southwestern States Summit was held, cooperation, collaboration, and coordination can be achieved at the very top levels of State prevention acitivities. When given the opportunity, key representatives can and will work together to address one of the nation's most pressing problems—the use of alcohol and other drugs by our youth.

Urban Initiatives in the Drug War

Dr. Essie Page
Special Assistant to the Superintendent
District of Columbia Public Schools

Dr. Marilyn Wagner Culp
Executive Director
The Miami Coalition

William Johnson
Substance Abuse Prevention
Education Program
District of Columbia Public Schools

Two years ago, a group of community leaders convened to find an effective means of turning the tide against drug abuse. They quickly decided that only an all-out effort embracing all elements in our large and diverse community—committed to working at it for as long as it takes—could hope to confront and contain the devastating effects of drug abuse. The coalition also realized that the ultimate solution to our community's and our nation's drug crises lies with those who use and eventually will be faced with the decision of whether or not to use drugs. Education, prevention, intervention and treatment/rehabilitation can provide far more effective solutions than police, prosecutors and jails. It will take creative and effective programs, commitment, patience, and time to have an impact.

Today The Miami Coalition is led by a 107-member Board of Directors and a 36-member Executive Committee. The chair is Edward T. Foote II, President of the University of Miami. The coalition has recruited over 750 members at large, who represent a wide range of resources, expertise, and experience necessary to deal with the many facets of the drug abuse problem.

All members serve on one or more of eight task forces, which concentrate on broad aspects of the problem. The Executive Committee coordinates all of those activities. The task forces are:

- Family/Neighborhood
- Religious Organizations
- International
- Schools
- Law Enforcement/Courts/Corrections
- Treatment/Rehabilitation/Recovery
- Public Information
- Workplace.

For over a year and a half, these task forces have spent countless hours in researching the many aspects of their assigned portion of the total drug abuse challenge to develop a strategic plan. Arthur Andersen & Co/Andersen Consulting, pioneers in strategic planning and public policy, have volunteered their services in the planning process.

In addition to the task forces, the Scientific Advisory Committee representing substantial experience and expertise from both the professional and academic fields advises the coalition on scientific, medical, and technical matters. It has completed an initial benchmark study of attitudes and usage of drugs in Dade County. The committee will conduct annual updates of the study to measure changes in awareness and attitude that may point to the need for any changes in strategy. Surveys in the general population, schools, and workplace were conducted in April, May, and June 1989 and are currently being repeated.

Major First Year Accomplishments

Against the 21 specific goals established for 1989-1990, the coalition, working in concert with other Dade County groups, can now point to significant preliminary achievements. Some of these are:

- Over 700 crack houses in Dade County have been eliminated;
- Under the leadership of Judges Wetherington and Klein, a new "Drug Court" diverting first-time users into a structured treatment program, has been established to meet the needs of a growing caseload;
- Miami has been designated a "High Intensity Drug Trafficking Area" area by the Federal government to qualify for additional Federal funding and personnel.
- There is coalition-supported legislation (pending the Governor's signature) that would provide funding to establish a central intake unit to treat juvenile offenders, making Miami a pilot city for this program.
- The Miami Coalition's antidrug plan is now a national model for community action. Some 34 communities from around the country have sought assistance from or sent delegations to Miami. The Coalition was one of six communities chosen by the President's Drug Advisory Council for a special meeting in Washington, D.C. to exchange ideas.

Collaboration: The Keystone of Prevention

Elaine Delk, Ph.D.
Director
School/Community Drug-Free Partnership
Union County Schools
South Carolina

Union County's schools are working to create a drug-free environment in their communities through a $203,824 grant from the U.S. Department of Education. The purpose of the grant is to significantly reduce and/or eliminate the use and abuse of drugs and alcohol in Union County through a grassroots, community-wide approach.

The School/Community Drug-Free Partnership project uses such innovative techniques as **collaboration** among human service and law enforcement agencies, the development of a school-based **business enterprise,** intensive **volunteer** training, a **home/school impact and family counseling program,** and the development and implementation of a comprehensive **K-12 curriculum guide,** which weaves alcohol and drug abuse information into each subject area.

The **collaboration** of various youth-oriented agencies is a key to the success of the Drug-Free Partnership Project. The **Youth Interagency Council** is a formal task force composed of such local human service agencies as the Department of Youth Services, the Commission on Alcohol and Drug Abuse, and the YMCA, the Union County Recreation Department, the Union County School District, and various churches. The council began meeting on a regular basis in February 1989, and set three major goals:

1) to **bridge the gap** between youth agencies and the young people these organizations serve;
2) to offer Union County youth of all ages varied **recreational, educational** and **social opportunities;** and
3) to engage in **positive collaborative problem-solving,** thus eliminating the tendency for duplication of agency efforts.

The **Youth Interagency Council** meets monthly to plan drug-free recreational activities for young people in order to channel their energies away from substance use. The council has organized several major **"Having Fun: Drug Free" after-school events:** a Saturday "Fun in the Park" on July 1, an October 31 Monster Madness Haunted House in which over 500 young people attended, two Drug-Free Skates in which approximately 550 students participated, and a Mardi Gras dance.

Another collaborative approach is **Project D.A.R.E.,** a drug abuse resistance education program that targets elementary students and teaches them self-management and resistance skills. The 17-week D.A.R.E. curriculum, taught by a well-trained, uniformed police officer, teaches kindergarten through 6th grade students that real friends will not

push them into trying alcohol and drugs. D.A.R.E. is a combined effort of the local Commission on Alcohol and Drug Abuse, Union County Schools, the county Sheriff's Department, and the Union City and County Councils.

A major thrust of the Drug-Free Partnership project is the implementation of a school-based **enterprise** targeted for **eighth-grade** students. The enterprise is an attempt to bring **"peer pressure"** to bear on the elimination of alcohol/drug abuse. The junior-high enterprise as five purposes:

1) to train youths in **"real-world"** job skills;
2) to produce **income** for the trainees;
3) to provide a needed **community service;**
4) to help students develop and use **academic and life skills;** and
5) to provide **creative outlets** for students to use their energies in **productive activities.**

Thirty **"drug and alcohol at-risk"** students have been selected to plan, initiate, operate, and **manage a small business.** Students, under the supervision of two enterprise teachers and in cooperation with S.C. REAL Enterprises (S.C. State Development Board), have conducted market and feasibility studies and have begun the operation of a school-based **movie theatre.** The junior-high venture is a modified version of the secondary level enterprise.

Through the volunteer community-wide **PALS** (mentor) program, adult volunteers are recruited, trained, and matched with at-risk youth. The young people, ages 6-16, are provided with a positive alternative **role model** and are given the opportunity to experience a variety of **social, recreational and cultural** activities. Similar to the national Big Brother/Big Sister program, PALS provides a positive one-to-one relationship for high-risk youth. After completing initial training and regular monthly training sessions, **coordinated** through the local YMCA and the Union County Schools, each adult volunteer is encouraged to spend five (5) or more hours per month with his/her PAL.

A **family counseling** component reinforces the positive role modeling in the PALS program. Working in **cooperation** with the local Commission on Alcohol and Drug Abuse, the Drug-Free Partnership family counselor contacts the parent(s) of "alcohol/drug at-risk" students referred to the **School Intervention Program (SIP).** The counselor maintains regular communications among the parents, teachers, and the local Alcohol and Drug Abuse Commission.

A one-hour credit **internship course,** held in conjunction with the University of South Carolina at Union, allows undergraduate students to actively participate in all phases of the Drug-Free Partnership grant, such as PALS, the Youth Interagency Council, and the "Having Fun: Drug Free" events.

During the 1989-90 school year, fifty (50) teachers participated in **two graduate level** courses designed specifically for the Drug-Free Partnership project and coordinated

through the local university. The first course, held during the 1989 summer session, has resulted in an integrated Kindergarten-12 **curriculum guide** with a **drug/alcohol abuse scope and sequence**. The second class, held during the 1989 fall session, produced a set of model instructional units for each grade level and in each major subject area. Teachers in this course also developed a set of **teacher-parent-child materials** to be used in the classroom and carried over into the homes for grades 1-4. All lesson plans and activities were piloted in the participating teachers' classrooms through the end of December 1989. Both teacher training institutes involved presentations and assistance from law enforcement, the judicial system, and other agency personnel as appropriate. After intensive in-service training in August 1990, the comprehensive curriculum guide and instructional units will be implemented by K-12 teachers in all subject areas in the Union County School District.

Other innovative Drug-Free Partnership project activities include the distribution of **"help" or "crisis" cards**—laminated, wallet-sized cards designed for young people and their parents that list telephone numbers of various youth-related agencies and organizations. **Keychains** featuring the slogan "Drug-free is the key" were distributed along with congratulatory letters to each graduating senior in the county's three high schools in May 1990.

The Drug-Free Partnership project is unique and concentrates on the **wide-range involvement** of all segments of the Union County population. Since drug and alcohol use and abuse is a problem that requires a **community-based** effort, this **commitment** from local human service and law enforcement agencies, the schools, and the community itself is essential in addressing the problem. The Drug-Free Partnership project hopes to provide the **integrated, systemic approach** necessary to eradicate alcohol and drug abuse.

Project NODS: A Cooperative, Collaborative Plan for Drug and Alcohol Prevention That Is Working

Jill Stouse
Coordinator, Project NODS II

Sheila Marcus
Board of Trustees
Ocean View Elementary School District
Huntington Beach, California

Project NODS is a drug prevention/intervention program involving the community, schools, police departments, media, churches, businesses, and parents of three neighboring cities—Huntington Beach, Fountain Valley, and Westminster. Its mission statement is to "raise a generation of young people who will understand and reject the dangers of drug abuse, provide an alcohol/drug-free school environment, and to swiftly identify and discipline students who are using or selling drugs and/or alcohol." Thus the goal of Project NODS is to provide the leadership necessary to coordinate the community for action in a cooperative, collaborative and well-organized effort to eliminate substance abuse.

In order to carry out its mission, Project NODS has put together an enormously effective Executive Board and Advisory Board. The goals of both are to recruit community members to commit to a drug-free life, to promote drug-free activities, to participate in specific subcommittee tasks, and to recognize those individuals who are working towards achieving the objectives of Project NODS.

The Executive Board of Project NODS consists of 18 leaders from the schools, businesses, community, policy, counseling services, and city government. They meet monthly to coordinate drug-free activities for their community, including parent programs, Red Ribbon activities, community nights, information on drug-free activities, the latest research, etc.

In addition to the Executive Board, NODS has an Advisory Board made up of 70 active community people including mayors, police officers, administrators, activity directors, doctors, parents, students, lawyers, and various other group leaders. The board meets five times a year to network ideas and to work in committees to implement the best of their thinking concerning drug-free activities. These committees have produced such programs as a Red Ribbon Walk Against Drugs, adoption by a cable station, the NODS Foundation, a peer counseling network, a parent network, and many other projects.

Project NODS also works with various agencies, university programs, and non-profit organizations. Project NODS belongs to the Orange County Substance Abuse Prevention Partnership, which meets quarterly to promote/network prevention strategies and programs. The partnership has enabled over 60 representatives from the State and county to network and build upon one another's strengths, forming strong, cohesive measures of drug prevention. In addition to the partnership, Project NODS works with the Orange County Department of Education, The Grad Nite Foundation, SWRLS, Drug Abuse is Life Abuse, California Against Drugs, ADEPT and many other nonprofit organizations to promote prevention through sharing and educating each other.

Some of the activities Project NODS is coordinating through the grant are as follows:

- DARE education/activities
- Counseling for K-8 schools
- Peer counseling at 7-8 levels
- Quest skills for growing/adolescence trained teachers K-8
- Staff development
    - Enabling behaviors
    - Drug recognition
    - Gang awareness

- Red Ribbon Activities throughout the year:
  - Walk Against Drugs
  - Poster/Essay Contests
  - Drug-Free Assemblies.

By working with the nonprofit agencies, the community and the police departments, Project NODS is successfully addressing the needs of its community to prevent the spread of substance abuse in an effective collaborative approach that maximizes existing resources.

Coordinating a Multisite Evaluation

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This workshop focused on effective strategies for coordinating a multisite evaluation of prevention programs. Presenters suggested certain keys to success in organizing and carrying out process and outcome evaluations of prevention programs in "real world" settings. Their observations were based on their experiences in conducting a three-year longitudinal evaluation with 14 sites in a current project funded by the Office of Substance Abuse Prevention (OSAP).

The first key to a successful multisite evaluation is **planning**. Planning involves setting clear goals and objectives, making all participating sites stakeholders in these goals and objectives. For this to happen, **effective communication** between the participating sites and the project team is necessary from the outset. Participating sites need to understand and agree on project expectations—what they are expected to provide as participants in the project and what they can expect from the project team conducting the evaluation. Providing these expectations in writing for all those involved in a multisite evaluation precludes later confusion as to who was supposed to do what, to whom, and how.

Once planning has been done and lines of communication established, the next key to success is **scheduling**. Timetables or project activities must be developed, circulated, and understood by all. It is important that these timetables be realistic; that is, they need to take into account the constraints and competing demands on staff at participating sites. At the same time, project activities need to be done on time. A multisite project that gets behind schedule can be doomed. The project team must demonstrate **persistence** in obtaining the necessary cooperation. It is up to those in charge of the project to develop strategies for keeping participating sites on schedule. One effective strategy can be to build to rewards for those completing project tasks on time.

Recordkeeping/documentation is another critical component to conducting successful process and outcome evaluations in multiple sites. The presenters used examples from their current study to illustrate the types of forms hat can be developed to facilitate a process evaluation. These included process forms for each prevention program session, forms for conducting process interviews by telephone, attendance sheets, forms for site visits/observations of sessions, interviews with prevention program leaders, and forms for recording involvement activities performed by youths in the prevention program. Another way of collecting process data for a prevention program is an evaluation meeting. The presenters held a year-end evaluation meeting each year during their current project. Participating sites attended and provided the project team with valuable information about what worked well during the preceding year, what difficulties they encountered, suggestions for strengthening the program, and so forth.

Conducting an outcome evaluation involves developing/selecting an instrument that will measure the desired outcomes, making sure the instrument is administered properly, and keeping track of project participants. The presenters discussed their outcome instrument, instructions for administering the instrument to prevention program youths (and to project youths in the control group), and various forms they used to track participants over the three years of their project. Survey return forms were developed for each site, along with a survey sign-in sheet for participating youths, a contact log for tracking project youths from year to year, and survey intake sheets for recording receipt of surveys.

A final key to success—and an especially important one in a multisite project—is building a sense of team spirit among the participating sites. A strong team spirit can reduce the potential burnout associated with longitudinal evaluation and can enhance the networking and sharing of ideas that can be a particular strength of multisite endeavors.

Everything You Wanted to Know About Collaboration

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Last year, the Arizona Department of Education (ADE) received an Educational Personnel Training Grant from the U. S. Department of Education to work with Arizona State University (ASU), Northern Arizona University (NAU), and the University of Arizona (U of A) to increase the number of training opportunities in alcohol and other drug abuse prevention education. The original focus of the grant was for the three State universities to individually develop, disseminate, and deliver a training module targeting school personnel directly or indirectly responsible for prevention education. ASU's module focused on identification and referral strategies, NAU's module focused on parent and community involvement strategies, and U of A's module focused on classroom prevention strategies.

After the first meeting of the project oversight committee, which was formed to ensure proper and efficient administration of the grant, it became clear that what was needed was a unique, collaborative training effort between the ADE, ASU, NAU, and the U of A.

The focus of the presentation was on on the development of the collaborative process over the course of the past year to make this project become reality. Participants were presented an overview and history of the project: what the project started out to be and how it changed; the process of the collaborative effort; the barriers and pitfalls; and most importantly, the payoffs.

Evaluation of Community Organizing and Systems Change Program

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COSMOS Corporation

Substance abuse prevention programs are discovering that, to be effective, they may have to focus on community and systems conditions—not just the attitude and behavior of at-risk individuals. In fact, effective prevention programs may be successfully dealing with such conditions as:

- Tolerance toward substance abuse by parents and "significant others";
- Peer group structures;
- Media portrayals of substance use and abuse;
- Legal sanctions and law enforcement practices;
- Economic development and educational opportunities;
- The organization of social service systems;
- Neighborhood stability and other conditions associated with community anomie and alienation; and
- Cultural norms.

The typical evaluation designs, however, have not readily accommodated this development. The classic behavioral design also only focuses on individuals, assigning them to "groups." These groups receive differential "treatments" and are therefore designated as experimental, control, or comparison groups. But the behavioral design is unable to cope with the community and systems factors just enumerated.

Complementary evaluation designs are needed—to be used in combination with the behavioral design. Such complementary designs can assess such outcome variables as: family functioning, interagency coordination, neighborhood safety, jobs and educational opportunities, and community empowerment. Thus, the evaluation of a single prevention program is likely to be multifaceted, with multiple evaluation studies being part of a singular evaluation effort. Moreover, several critical observations follow this realization.

First, each component study still needs to meet the highest standards of rigor and quality.

Second, a broader research literature is relevant, including economic studies, systems studies (e.g., operations research), sociological studies (e.g., the well-known studies of juvenile delinquency), community studies, and evaluations of "social interventions" (e.g., workfare programs, child support programs, vouchers, employment programs, and housing programs).

Third, a more diverse array of evaluation researchers must be called upon, because many researchers are only acquainted with the classic design.

Fourth, technical assistance also must have more diverse capabilities. As but one example, such an approach is being pursued by the National Prevention Evaluation Resource Network (NPERN), organized by COSMOS Corporation on behalf of the Office for Substance Abuse Prevention (U.S. Department of Health and Human Services). NPERN is helping prevention programs to conceptualize their evaluation designs and also is synthesizing lessons for the field more broadly.

In summary, successful prevention programs are likely to require evaluation designs that are more diverse than the traditional behavioral design. This lesson needs to be absorbed quickly, in order for evaluation to be useful to prevention programs.

The Impact of History and Culture on the Self-Esteem of African American Youth and Its Application for Drug Awareness, Education, and Prevention

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Many social scientists, politicians and community leaders agree that drugs are the biggest problem currently plaguing African American communities throughout America. A recent survey indicated that by the year 2000, there will be more African American males in prison than in college. Statistics indicate that an alarming number of youth are incarcerated as a result of drug-related activities.

Low self-esteem is viewed as one of the major contributors to drug use and abuse. The lack of proper role models in the household and community, coupled with a lack of interest in education, often leads to an individual who is a prime candidate for some drug-related activity. Once arrested, convicted and imprisoned, this same individual stands a good chance of "finding himself" through the study of his history and culture.

One of the best examples of this metamorphosis was Malcolm X. Malcolm represented the worst and best of the African American male. He rose from a hoodlum, thief, and drug peddler to become one of the most dynamic leaders of the 20th century. While imprisoned, Malcolm taught himself to read and write by copying the entire dictionary. He soon came to realize that true freedom lies in information and the attainment of "knowledge of self."

Malcolm states in his autobiography, "I have often reflected upon the new vistas that reading opened to me...reading had changed forever the course of my life. As I see it today, the ability to read awoke inside me some long dormant craving to be mentally alive."

Like Malcolm X, an increasing number of African Americans are finding their self-esteem in prison libraries and study groups. The conditions of crime, poverty, unemployment, drugs, teenage pregnancy, and black on black crime, which run rampant through black communities nationwide, are all symptoms of low self-esteem brought about by years of miseducation.

It is important to remember that, for over 350 years, millions of Africans were brought to America as slaves and were deprived of their history, culture language, religion, and name. Prior to the beginning of the slave trade, in the 15th century, there was no such thing as a "Negro." Portuguese slave traders made a ***noun*** of a ***descriptive adjective*** and used it to describe a ***race*** of African people.

Within this century alone, we have changed our names from, "Negro" to "Colored" to "Black" to "African American." These name changes reflect an evolving political ideology that underscores the importance of associating something as simple as a name with a land mass, a history, and a culture. Every ethnic group that has maintained its cultural identity has faired relatively well within American society.

In 1933, Carter G. Woodson wrote *The Mis-education of the Negro*, which accurately describes a condition that continues to affect millions of African Americans. In his book Woodson states, "When you control a man's thinking, you do not have to worry about his actions. You do not have to tell him to stand here or go yonder. He will find his 'proper place' and stay in it. You do not have to send him to the back door. He will go without being told. In fact, if there is no back door, he will cut one for his special benefit. His education makes it necessary."

In February of 1988, I authored a book entitled *From the Browder File: 22 Essays on the African American Experience.* This book chronicles the historical accomplishments of African people and their influence on western culture and civilization. There is no doubt that when history is viewed from a non-Eurocentric perspective, we will find Africa is the true birthplace of humanity, culture, and civilization. This historical point of view comes as quite a shock to anyone who has been "mis-educated."

In thousands of classrooms throughout this country parents, teachers, and students are demanding and receiving and "African-centered" education. An African-centered perspective emphasizes the positive contributions African people have made to various cultures. As a result of this approach to education, many people are discovering a renewed sense of pride in their history and a sense of hope for their future.

One important aspect of history that cannot be overlooked is the use of drugs and guns to subjugate people of color. European traders introduced opium smoking into China in the 1600's. The Opium War (1839-1842) insured that England would continue to reap huge profits from the sale of opium and continue to destabilize the Chinese government. The French and Indian Wars were no different. Between 1689 and 1763, the French and British waged one long struggle against the Indian population for possession of North America. Both countries tried to win help from the Indians by bribing them with liquor and guns.

The noted historian, Dr. John Henick Clark, states, "all history is current event," the ability to understand the events that helped to shape the past determines the degree to which you will understand the events that will shape the future. African Americans are not responsible for growing, processing, or transporting any of the drugs that make their way into their communities. Neither are African Americans responsible for the manufacturing or importation of the automatic weapons that kill and main thousands of people every year. Either the war against drugs is a dismal failure, or it was a war that was never meant to be won.

There are increasing numbers of African American psychologists and psychiatrists who are successfully treating addicted patients by using traditional drug treatment methods coupled with historical (cultural) therapy. The results have been phenomenal. One of

the keys to the successful rehabilitation of a drug addict is the "rescue and reconstruction" of their African consciousness which gives them a greater sense of self-worth.

You cannot expect people to say "no" to drugs if you have not taught them to "know" themselves. Knowledge of self plays a vital role in the mental health, development, and socialization of human beings. Knowing your history tells you who you were, where you came from, and what your capacity is as an individual.

Your view of history determines your philosophical outlook on life. Your philosophy determines your potential as a human being. Malcolm X assessed life thoroughly when he stated, "Your philosophy determines your thought pattern. Your thought pattern determines your attitude. Your attitude determines your behavior pattern. And your behavior pattern determines your actions."

Everything that a person is or will become is determined by his or her concept of self. Accurate knowledge of self is the primary ingredient in one's becoming a wholesome and productive citizen.

Developing Prevention Programs for Adolescents with Emotional and Behavioral Disorders and Other Handicapping Conditions

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Recent research estimates the drug use among students in special educational settings to be as high, if not higher, than in regular educational settings. Unfortunately, the majority of prevention programs are not tailored to the special education population and in a number of States, adolescents in these settings do not receive prevention services. This workshop provided an opportunity to examine the alcohol and drug abuse prevention needs of students identified with emotional and behavioral disorders across various educational contexts. The workshop was based on a framework that views the interaction between the individual's competence and his or her environments as crucial to the understanding of drug use and the planning of prevention programs. The session included an overview of drug use among adolescents with emotional and behavioral disorders and other handicapping conditions, as well as the implications for prevention derived from compromises in competence found in adolescents with emotional and behavioral disorders. In addition, the educational context was discussed as a prevention resource for these students. Workshop participants explored strategies for developing prevention programs (e.g., adaptation of materials, selecting intervention points, planning prevention activities, identifying target populations, etc.) based on the demands of their specific educational contexts. Recent resource developments were also shared.

Renewing Traditions: A Prevention Curriculum for American Indian Children and Families

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We are all aware of the widespread use and abuse of alcohol, which poses an especially serious health threat to American Indian communities. We also know that our communities are aware of this problem and are searching for answers. Research tells us that communities alone cannot solve the problem. Renewing Traditions is a prevention program that uses and enriches the strengths of Indian communities, to mobilize them toward positive change. Participants received excerpts from the Arizona Department of Education's new publication, *Renewing Traditions*.

Prevention in the Vietnamese Community

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In this workshop, the following issues were discussed:

Asian issues in education:

- New methods of collecting data to assess the progress and needs of the Asian students in the Los Angeles school system;
- The "model minority myth" and how it works against the Asian students;
- The importance of bilingual education.

The Vietnamese Community:

- How trauma before, during, and after the refugees' escape from Vietnam can affect their acculturation process;
- Changes in the family system;
- Amerasian youth's issues;
- Vietnamese youth gangs;
- How service providers can bridge the gap for the new immigrants.

Cross-Cultural Training and Prevention Strategies

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Defeating competitive forces in cross-cultural exchanges is an important part of working with prevention, particularly in minority communities. While the facilitator may be well-equipped and have a multiplicity of solutions and resources, the real answer may lie in the facilitators' ability to reduce or eliminate some of the "baggage", i.e., preconceptions, that the facilitator is bringing to the group. This means having the ability to determine that some of the more conventional approaches and methods may need serious modification.

Competitive forces, derived from force field analysis, is based on developing a model that reduces the forces at play rather than adding forces. In working with prevention and communities, it is necessary to have an open, honest approach without a preplanned, inflexible agenda that is relevant to and valid for the community setting/ context in which the change is being attempted. The best project will be hampered by a lack of sensitivity to and knowledge about the community/setting and potential hazards in approach, which may reduce the overall effectiveness of the prevention effort.

Community mobilization must be a broad-based effort that includes as many aspects of the community as possible. One of the most frequently cited frustrations of the drug problem is the sense of helplessness that it imposes upon private citizens. Community groups that are organized for other purposes, such as social clubs, civic clubs, sororities and fraternities, masonic groups, and religious and clerical organizations, have a role to play that may have not been clearly communicated in the past. The collaboration and cooperation of these groups are a necessary component in the battle against drug abuse. Developing strategies to mobilize communities through such groups are an important, often overlooked part of prevention planning.

Bafá Bafá: A Cross-Cultural Simulation Exercise

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Bafá Bafá, a cross-cultural simulation exercise, is designed for administrators, faculty, and students who are in situations that require an experiential understanding of another culture.

After the participants were given a brief orientation to the exercise, they were divided into two groups or "cultures." Once separated into Betans and Alphans, they were then introduced to the values, rules, expectations, and customs of their new culture. Observers were exchanged between cultures as soon as they had had sufficient practice in their new culture. The observers attempted to learn as much as possible about the values, rules, and customs of the other culture without directly asking about them. After a fixed time, the observers returned to their respective groups and reported on what they had seen. Each group tried to develop hypotheses about the most effective way to interact with the other culture, based on information provided by the observer. After the hypotheses-generating discussion, the participants proceeded taking turns at trying to live in and adapt to the other culture. When everyone had had a chance to visit, the exercise ended and the participants discussed and analyzed the experience.

The visitors are generally bewildered and confused by the strangeness of the foreign culture. Bewilderment often turns to intolerance and hostility once they return home. Comments often heard are "They're strange, real strange, that's all I can say. They're making funny sounds and bizarre gestures. Just be careful when you go over there." But in the postsimulation discussion participants come to understand that there are reasons behind the behavior they observed. With this realization, attitudes change from one of hostility to understanding. Through discussion, this experience is then generalized to attitudes towards other groups in the real world. Probably the most unique feature of Bafá Bafá is that the interest and involvement reaches a climax in the discussion after simulation, rather than during the simulation itself. It is during the discussion that the mysteries of each of the cultures are unraveled as the participants compare perceptions of one another's culture.

Some of the benefits of using Bafá Bafá include:

- Enhancing teaching and learning in a culturally diverse classroom environment;

- Promoting and managing cultural diversity within organizations;
- Managing and preventing incidents of racial and ethnic conflict;
- Understanding and responding to the needs of different racial and ethnic groups.

What I Really Needed to Know When I Began WorkingWith Native Americans

Peggy Thayer
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Division of Alcohol and Drug Education Services
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This workshop focused on the "new learnings" of the presenter during her experience with Maine Indian tribes. Preparation for working with this or any cultural/ethnic group different from your own, as well as setting realistic expectations for such work, was also discussed.

Practical Aspects of Developing and Adapting Prevention Programs for African American Youth and Communities

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Since the early 1970s, African-American theoreticians and clinicians have questioned the application of traditional intervention strategies and approaches to African-American populations (Jackson, 1983). As a result, models of personality and intervention based on African and African-American frames of reference have been those of corrective measures (Baldwin, 1984). This presentation discussed the necessary elements suggested by the literature that are appropriate for African-American youth in a prevention program.

There are values, needs, and behaviors recognized as historically associated with African-Americans that must be addressed in a culturally-specific prevention program. They are:

- Group centered behavior;
- Strong kinship bonds;
- Cooperation and sharing;

- Enhanced sensitivity to interpersonal issues;
- Religious orientation;
- The interrelatedness of all things; and
- A comprehensive way of interpreting the universe and life (Jackson, 1983; Mibiti, 1971; Nobles, 1972).

There are also specific areas that must be addressed in a comprehensive prevention program for African Americans. They are:

- Biological, physical well-being;
- Cultural, traditional, spiritual well-being;
- Socioeconomic well-being; and
- Psychological, social, interpersonal well-being (King, 1979).

Within these areas, specific focus should be given to family life, education, employment, job orientation, sex education, delinquency prevention, and recreation/social skills (Gibbs, 1984; Harper, 1984). Attention should also be focused on the impact of racism, urban inner-city environment, acculturation, the media, and inter-and intragroup conflict (Issacs, 1986).

It is especially important that prevention for African Americans be holistic and multilevel in its scope. This means that there is focus on the family and all elements of the community— church, school, black businesses, and organizations (Issacs, 1986).

Finally, there are culturally-specific techniques that must be practiced in a prevention program for African Americans; specifically, supportive actions, encouragement, approval, and reassurance. Information-giving, cognitive, directive, and action-oriented techniques are also effective (Bell & Evans, 1981; Harper, 1979, 1984; Higgins & Warner, 1975).

"You Didn't Say What I Saw You Say": Cross Cultural Issues in Nonverbal Communication

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Different communication patterns, both verbal and nonverbal can impede or enhance delivery of services to culturally different clients. Even the best intentions of mental health professionals may be frustrated by their inability to utilize the most effective communication styles with a particular client. This workshop focused on examples and exercises in learning more flexible communications to meet the specific needs of clients.

Substance Abuse Prevention Means a Change in Business as Usual

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We are on a treadmill to nowhere if all our efforts are directed at helping individual victims. A rational examination of the causes and the course of mental disorders and addictions leads to only one conclusion: individual treatment, however successful, has no effect on the future incidence of these disorders. It is well known public health doctrine that no mass disorder afflicting humankind has ever been eliminated or brought under control by treatment of affected individuals. Only successful efforts at primary prevention reduce the rate of distress in the future.

We must recognize that one of the most important ultimate causes of emotional distress and substance abuse is in the exploitation of large groups—sexism, classism, racism, ageism, homophobia, and similar injustices. No amount of individual therapy with migrant farmworkers changes their high rates of schizophrenia, alcoholism, drug abuse, tuberculosis, premature death, and damage to their children. Soup kitchens, however humane, do not affect the numbers of the hungry. Rather, political action to secure fair wages and living conditions for the migrant workers and to provide low-cost housing and jobs for the hungry homeless, can achieve the long term humanitarian goals of reducing the numbers who suffer.

But these solutions elude us because of the powerful opposition of political conservatives who advocate models of human inequalities that point to constitutional defects in the victims and to problems of individual inadequacies said to be characteristic of the poor and the exploited. For the last decade, the organicists in psychiatry in alliance with national mental health citizens groups constantly trumpet the misinformation; "all mental illnesses are medical diseases" and argue that all available funds must go to organic treatments aimed at correcting biological deficiencies; that all research must focus on discovering the organic causes of everything from juvenile delinquency and alcoholism to depression and obsessive behavior.

This argument is as old as the nurture versus nature debate. Political values are entangled in the debate: liberals and radicals favor social-environmental explanations of deviant behavior; conservatives support biological and intra-individual explanations of illness. The underlying values of the two positions are illuminated by their contrasting views about prevention and treatment. The environmentalists argue for public education about good parenting, reduction of social stress, and an end to involuntary unemployment and exploitation of people. In contrast, the organic-physical defect conservative group opposes most social action for prevention because "we can't prevent illnesses until we find the (physical) cause." The drug industry strongly supports this position. And conservative citizens' groups oppose funding for research on prevention because more money is needed for treatment. They also strongly disagree that bad parenting could be a contributing factor to "mental illness."

All research shows that intensive community support programs are more effective than incarceration, both as treatment and as prevention. We should work for more funding for these community programs. But the core issue has yet to be resolved. What can be done to reduce the rate of emotional distress in the future? No massive plague has ever been eliminated by one-to-one treatment. Prevention alone offers hope. And prevention means social justice and social support—social change that conservatives fear.

CONCURRENT SESSIONS:
STRATEGIES FOR COMMUNITY INVOLVEMENT

Utilizing Sororities and Fraternities as a Community Resource in Drug Education and Prevention

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The problem of drug and alcohol use in America by young people has reached epidemic proportions and one way or another, affects us all—directly or indirectly. In the black and poor communities, the drug problem appears to be more complex as it is interwoven with other problems such as unemployment, inadequate health services, family breakdown, housing shortages, poverty, crime, poor schools, gangs, hopelessness, and despair. Research is abundant and clear that prevention strategies for drug and alcohol use by youth must be comprehensive, diverse, and multifaceted for optimum impact. Concerted efforts to develop systematic approaches must be made that effect the ***host***, the ***agent***, and the ***environment***.

Black community agencies and organizations are a key resource and have an important stake in assisting our youth to become productive citizens. Therefore, we must invite, involve, and integrate all of them: the black church, institutions of higher learning, service providers, athletes, entertainers, media, law enforcement, private industry, voluntary associations, and fraternities and sororities.

National black fraternities and sororities have been in existence and playing key leadership roles in the areas of community service, scholarship, and empowerment since the early 1900s. A few of the tried and tested programs include:

Alpha Psi Alpha - "Go To High School-Go To College"
Kappa Alpha Psi - Guilder-Right Commission
Delta Sigma Theta - Teen Pregnancy Program
Zeta Phi Beta - Project Zeta
Omega Psi Phi - Assault On Illiteracy

The Midwest Regional Center recognized that these organizations represent a vital source of community support and leadership in that their composition includes graduate and undergraduate successful men and women who are community leaders, professionally trained, and committed individuals.

Cooperative projects involving all fraternities and sororities working together were encouraged. Greek letter organizations in St. Louis, Missouri took the lead. A President's Council (including eight fraternities and sororities) decided to collaborate with the St. Louis public schools to augment its drug prevention program. Under the leadership of Dr. Lynn Beckwith, Jr., executive director, a set of strategies for planning and implementation was developed and used as a model for midwestern cities.

Using these strategies and the St. Louis Greeks as consultants, other cooperative activities were begun in seven other cities and three States: Illinois, Michigan, Indiana.

Future planning calls for mobilization of fraternities and sororities as a collaborative body for the purposes of:

- Identifying and addressing unmet needs of high-risk youth and service gaps;
- Forming links with other community agencies to stimulate greater collaborative action;
- Providing visible role models for youth of the future; and
- Strengthening existing and new prevention projects by providing financial and technical assistance.

Community-Wide Strategies in Portland, Oregon and Oakland, California: From Early Childhood to Adulthood

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Western Regional Center for Drug-Free
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The Oakland Crack Task Force was spawned from a core group of concerned citizens who rejected the standard notions of such a task force being unfeasible or impossible to create. It is the story of a group of people who refused to take "no" for an answer and made a strong commitment to solving their own problems in their own back yard with their own resources and no outside funding.

From a broad-based pool of talent, expertise, and enthusiasm, this group brought all the significant players in the community to the table—ministers, law enforcement, politicians, health providers, businesses, senior citizens, youth and most importantly, anyone who wanted to participate and help.

In a mere 11 months, the group accomplished what other task forces have taken years to complete. They reached over 8,000 Oakland citizens with information on substance abuse, AIDS, and family addiction; they provided information on how to access services, support groups, and treatment; and they showed people how to join in on a real community effort to strengthen and enhance the family structure.

In addition, if there were no services or referrals available where there was a need for help, the Oakland Crack Task Force either created a mode of assistance or at least spurred other agencies onto becoming responsive to those needs.

The strong sense of hope and strength this group has shown could serve as an inspiration to all people who come together seeking solutions to and relief from a common problem.

The City of Oakland has been in crisis for some time. The abuse of drugs and alcohol, especially that of crack cocaine has risen to an alarming rate. In the past 10 years, Oakland has experienced a 2220 percent increase in the number of drug-related cases in Juvenile Court. The drug culture has affected over 70 percent of the students in grades 7-12 in some form. Substance abuse problems are not, however, limited to youth. Of the estimated 36,000 known drug users in the city of Oakland, 40 percent are estimated to be women. Thirty percent of women who deliver babies at the county hospital test positive for drugs.

In addition, 70 percent of all emergency room cases at the hospital involve acts of violence that are drug-related. Arrests for narcotics use surged to almost 13,000 in 1989 and 80 percent of those arrests involve cocaine.

The Oakland Crack Task Force was born out of the need to address problems related to crack cocaine and to help insure the future existence of the family structure, particularly within Oakland's inner city. Organizers saw its primary purpose as ensuring the community's survival in the midst of escalating use and abuse of crack cocaine. The mission of the task force was set, not by the membership, but by the dire circumstances that existed within the city.

Participants at the initial meeting agreed to address problems related to crack cocaine, from infants born addicted, neglected children, battered wives and loved ones, to the spread of AIDS to teenagers. All segments of the community had to be involved, including law enforcement, educational and religious institutions, prevention programs, health services and treatment facilities, elected officials, senior citizens, and youth.

The problems that the community faced had become so severe that the task force readily agreed that the focus should be on the *family*. While specific goals were yet some-

what undefined, everyone agreed community awareness was top priority. Using knowledge as a primary weapon, the group wanted to provide broad-based education and prevention programs to citizens of Oakland.

Seven "community seminars" were held in each of the seven city council districts, followed by a city-wide Drug Summit that accessed *all* resources available to residents of the city. Seminar attendance averaged over four hundred participants. Topics included:

- Addiction as a Family Problem
- The Role of the Church in Fighting Addiction
- Peer Pressure and Drug Use
- Crack: History, Symptoms, Effects, and Treatment
- Crack Babies
- AIDS in the Community
- Legal Issues in the War on Crack.

Each seminar concluded with panels of community people offering possible solutions and ideas for future action.

In addition to the sucessful seminars, the Oakland Crack Task Force has developed and trained facilitators to implement over 19 support groups for grandparents caring for second families; youth having problems with drugs, and family members who have someone addicted to crack cocaine.

Planning for the second year's activities for the task force is presently underway.

Selling Soap: Multilevel Marketing Approach to Community Organizing

Robert Hill
Community Organizer
"Each One - Reach One" Prevention Project
George Mason University
Fairfax, Virginia

The illicit drug trade in our nation will reach or exceed $100 billion dollars in 1990. That number makes illicit drug sales the largest multilevel marketing scheme on the planet. Effective drug prevention can be achieved through an AMWAY or TUPPERWARE approach. Good community organization efforts therefore should employ strategies such as "Be a Friend - Bring a Friend," "Each One - Reach One," and "Each One - Teach One."

Typically, those thrust into the role of community organizer are overwhelmed by the enormity of the task. The focus of this workshop was to reduce the task to a few, simple steps to successful community organization, as outlined below:

I. **Understanding the Task**
   1. The importance of clearly defined goals and objectives.
   2. Breaking the whole into manageable parts.
   3. Flexibility outperforms perfection.

II. **Recruiting the Troops**
   1. A few good men or women.
   2. Drawing the circles.
   3. The 80%/20% principle.

III. **Creating and Living With Success**
   1. Steel the wheels.
   2. Sell the sizzle.
   3. The dangers of tinkering.

KIDS In Touch

Gwen Grams
Susan Cavanaugh
Illinois Department of Alcoholism
and Substance Abuse
Chicago, Illinois

Terry Fencl
Executive Producer
Triton College
River Grove, Illinois

KIDS In Touch is a powerful and exciting alcohol/other drug prevention program targeted at children ages 5-12 and their parents. The program is sponsored by the Illinois Department of Alcoholism and Substance Abuse, the U.S. Department of Education, Triton College and Tri-Marq Productions. The **KIDS In Touch** program has many interlocking components. Its showpiece is **HighTop Tower**, a series of television specials.

HighTop and the **KIDS In Touch** program have received rave reviews from university researchers. DePaul University conducted focus group interviews about the pilot **HighTop** show with more than 300 parents and kids. The researchers found that the parents and kids not only enjoyed the show, they learned from it and told their friends to watch the show.

The series explores the following topics:

- Special #1: Self-Esteem
- Special #2: Family Communications

- Special #3: Social Skills
- Special #4: Alcohol/Other Drug Information
- Special #5: Family Ritual, Tradition, and Celebration
- Special #6: Family History of Alcoholism or Dependence

KIDS In Touch also includes:

- A series of **HighTop Tower** videotapes for classroom use
- An elementary curriculum
- Special training for parents
- A parent awareness campaign that featured a 16-page supplement to the *Chicago Tribune*, Illinois' largest newspaper, and a week-long series of news stories on WGN-TV, Illinois' "superstation"
- A directory and description of local prevention resources.

Television: Broadcast and In-School Roles in Substance Abuse Education and Prevention

Harvey F. Bellin
Weston Woods Institute
Weston, Connecticut

Reginald Carter
National Federation of Local Cable Programmers
Washington, DC

Michelle Ward-Brent
PBS Network
Alexandria, Virginia

Veronica Skerker
Connecticut Department of Education
Hartford, Connecticut

Harvey Bellin

If television—that ever-present appliance in our homes and work environment—has been part of the substance abuse problem, it can and should be part of the solution.

Too often we think of television's role in prevention in terms of expensive national broadcasts, network news specials, and slick Public Service Announcement (PSA) campaigns. However, these large productions are effective only to the extent that target viewers happen to be watching the right station at the time these programs are aired. Furthermore, you, the educator, have little or no input into the contents, scheduling, and local impact of this programming.

Far more important resources for substance abuse prevention educators are the television services through which local educators can gain control over selecting, scheduling and/or creating effective programming for use in their own classrooms or communities, without spending a dime.

The *free* television resources of greatest potential benefit to substance abuse prevention educators are:

(1) PBS Stations as a Delivery Mechanism for Classroom Videos: PBS Elementary/Secondary Services satellite uplinks scores of programs, many related to substance abuse prevention, to local PBS stations, which broadcast these programs for unlimited off-air taping by local schools. The U.S. Department of Education used this PBS service as an effective means of disseminating its eight substance abuse prevention videos to school districts nationwide.

(2) Cable TV Access Channels as a Vehicle for Producing and Transmitting Your Own Local Programming: The free services of public access and educational access channels on local cable systems are excellent resources for do-it-yourself television programming to communicate with targeted segments of your community. This is a particularly valuable vehicle for parent outreach. While access channels have inherently low viewership, you can greatly increase viewership of your programs through innovative advertising and by including students, parents, and other local community members in your programs.

Michelle Ward-Brent

Public television, the world's largest classroom, teaches millions of Americans everything from physics to the dangers of drug and alcohol abuse. The combined efforts of public television's K-12 instructional programming, station community outreach activities, and primetime schedule have touched millions of lives to raise awareness about the dangers of drug and alcohol abuse. PBS stations provide exceptional school television or "instructional" programming—far more than any other provider. PBS stations nationwide provide instructional programming to more than 63,000 elementary and secondary schools serving 29 million students and 1.5 million teachers.

During 1988, the PBS Elementary/Secondary Service, the school television arm of PBS, distributed eight U.S. Department of Education-funded substance abuse prevention programs for use with K-12 students. Recognizing the powerful influence of television and video for educating students, Congress mandated $5.5 million to be awarded by the U.S. Department of Education for the production of these eight programs. All of the programs were accompanied by teacher guides to assist educators, and all programs were closed captioned for the hearing impaired. The PBS Elementary/Secondary Service fed the eight programs via satellite to its more than 330 member stations. Free, unlimited broadcast rights were available to public television stations and related agencies, in perpetuity. Schools could record the programs off the air and retain and use them in perpetuity. All the programs are currently used by thousands of educators nationwide.

During the last three years, more than 155 programs about substance abuse have aired on the PBS National Program Service (primetime schedule) including Firing Line, Is the War on Drugs Lost and Over, Bodywatch, Inheriting Alcoholism, Here's to Your Health, Someone You Know Drinks Too Much, Life Matters, Addiction, Science Journal, The Addicted Brain, The American Experience, Demon Rum, The Mind, and Tony Brown's Journal—Can We Survive Drugs?

In addition, 56 stories on drug and alcohol abuse were included in The Macneil/ Lehrer Newshour during 1989 and 1990. The prime time schedule also includes exceptional programming for teens. Targeted specifically for at-home viewing by young adults are Degrassi Jr. High, Soapbox with Tom Cottle, and Power of Choice, all of which deal with drug and alcohol use and abuse by young teens. By presenting sensitive issues such as drugs, alcohol, and teen pregnancy, the producers of these award-winning series believe that the programming encourages young people to closely examine some of the issues that affect their lives as they enter adulthood and help them appreciate the wide variety of choices available to them.

For additional information on programs available to local schools, contact local PBS station or the PBS Elementary/Secondary Service in Alexandria, Virginia.

Reginald Carter

Cable television is becoming part of the lives of more and more American families every year. There are now over 1,400 cable television systems in the United States, and many local cable systems reserve one or more channels for do-it-yourself public access and/or education access programming. Major cities like Boston, Chicago, Dallas, Tampa, Tucson, Atlanta, and Portland have several access channels, and there are more than 440 access channels in California alone.

These channels can be a very valuable, free resource for producing and transmitting your own substance abuse prevention programs to your community, and some local cable systems will even loan you the production equipment you will need.

The best way to start producing and transmitting "do it yourself television" programs is to call your local cable programmer for details about access channels available in your community. If you need additional information, contact the National Federation of Local Cable Programmers in Washington, DC, (202) 882-6128.

Veronica Skerker

Educators need to recognize the great potential of local cable television as an effective, cost-free vehicle for *parent outreach*. Time and again educators find that parents have scheduling difficulties or are reluctant when invited to attend a meeting at school. But few parents would resist watching their own child on their local cable station. All it takes is a note to parents sent home with their child.

Parent outreach programming could include videotaped substance abuse prevention classes, worksheets for parents to do with their child while or after watching a program on substance abuse, or even tele-courses on parenting skills.

If you go into the broadcast business you need to think like a network programmer. You should schedule your program in time slots that will reach the largest number of local parents. Avoid competing with popular prime time programming. Unfortunately, one of your best time slots might be opposite the national news, which many young parents watch. With a little innovative thinking and your existing knowledge of your local community, you could begin to use television as a very meaningful means of including more and more parents in your substance abuse prevention programs.

Marketing and Hustling for Prevention

Jim Sevick
President
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Bethesda, Maryland

We often think of a market as a place where money is exchanged for products. However, every transaction is actually a complex exchange of benefits and resources between the buyer and the seller. Benefits and resources can include money, time, location, sensation, and psychological changes.

A prevention program is principally in the business of "selling" two things: a behavior modification to clients and a beneficial community program to contributors. These are two very different markets. The fact that yours is a good cause that helps people is not enough to attract contributors. All causes are good, and most of them help people. There are estimated to be one million nonprofit organizations in the United States, all competing for contributions.

Promoting the "Offer"

To participate in the market you must make an offer. That is, you must propose a specific exchange of benefits and resources. The vast majority of all offers in any market are rejected. But the more people you offer your product to, the more will "buy" your product. This means you must have an active press and public relations program. You should issue at least one press release per month and be on good speaking terms with the reporters who cover substance abuse in your town. You must frequently speak before groups: government committees, PTAs, business organizations,and others. Even more importantly, you must make personal sales visits to people with lots of resources, such as business and political leaders and foundations. At all of these, you must make offers. That is, you must propose that people and businesses "buy" your program through exchanges of money, services, places (distribution channels), or other resources.

Your "Product"

The most important part of any exchange is your product. No matter how good your marketing campaign, you will not succeed if you do not have a good product. Your first task is therefore to convince people that you have a good product. To do this you need an adequate number of endorsements, testimonials, evaluation data, and other evidence

that your program is successful. The very process of promoting your program contributes to your product quality; people are more likely to trust your product if they hear about it on TV, radio, newspapers, and other public places.

Perhaps your strongest resource (other than your program) is the fact that, in public opinion polls, substance abuse is routinely found to be the biggest problem facing America. Your program directly influences this problem. If people see substance use as a problem, they can personally do something about it if they support your program.

Your Product Line

Your principle product is a prevention program, but you have many ancillary products growing out of this, which you should also market. For example, you probably can offer training courses, prevention books and videos, and mailing lists. You also have a great deal of information about prevention and about the drug problem in your community. All of these are marketable products that you can exchange for other resources. For example, instead of asking for a contribution from a business, you might sell it a package of a donation of $1,000 in return for a training session on drug problems. The session might only cost you $200. The remaining profit can be applied to your other programs. This exchange will most likely be more appealing to a business than a simple contribution.

Pricing

Never say that your product is free. No one puts much value on something that is free. If your program reaches 100 children and your budget is $250,000, then your per-child fee is $2,500. It may be that all your children receive a scholarship or tuition remission, but your service is certainly not free. Pricing your product not only makes it of higher value to parents and children, but helps you in your fund-raising. You can ask organizations to fund one or more "slots" at a particular price. This increases the view of your offer as a true exchange, rather than just a contribution.

Location

Your program is positioned well in this regard. Because it is local, supporters can affect the problem in their own neighborhood and community. But location has several other aspects, usually referred to as distribution. Use the distribution systems of other organizations to the benefit of your program. For example, use other people's buses to transport children to your program or use other people's mailings to piggy-back your own information campaigns and contribution requests.

Negotiating the Deal

A deal is never permanently closed. A rejection of your offer simply means that an exchange will not be made at this time. The future is open. You can increase the likelihood of a future deal by making certain that some kind of relationship is built. This might simply be receiving a "letter of support" from the potential contributor. You might move from requesting money to requesting goods and services. Most organizations in your community should be able to donate some type of resource (products, services, training, use of distribution systems) to your program.

Think of your own behavior in buying a new product, such as a new soft drink. You hear of it from advertising and word of mouth. You might sample it at a local grocery store. You might buy one bottle to see if you like it. Only after you feel comfortable that you like it will you buy an entire case. Anyone "buying" your program will also go through this familiarization process.

Peer Helping Programs: Empowering Youth Through Service

Rick Phillips
Sacramento County Office of Education
Sacramento, California

There is no question that young people face significant obstacles to becoming healthy, responsible, and successful adults. Dramatic changes in the American family system, coupled with economic and other societal factors have created an environment in which all young people are "at risk."

No longer can the problems facing young people be solved by a "top-down" approach. Instead we must develop a "bottom-up" program, one that empowers young people and creates concrete opportunities for developing life skills and building self-esteem. Young people cannot be told to be responsible, they must experience it first hand. Peer helping programs are an effective way to accomplish this.

Peer helping is based on the premise that young people listen to and are influenced by other young people and that motivated and trained students have the ability to positively influence the attitude and behavior of their peers.

This workshop introduced the components necessary for developing, implementing, and sustaining a successful peer helping program. Participants explored the strategies for maximizing student involvement and reaching high-risk youth.

The workshop presented the critical factors that impact the success of a peer program. These included:

- Selection of a diverse student population;
- Thorough and ongoing training;
- Developing support in the school and community;
- A systematic process for involving peer helpers in meaningful service experiences;

- Ongoing support and supervision; and
- Program documentation and evaluation.

Workshop participants reviewed strategies for utilizing trained peer helpers in innovative and impactful ways. These included:

- Cross-age tutoring;
- Working with students with special needs;
- Visiting seniors at convalescent hospitals;
- Acting as "big brothers" and "big sisters" to younger students;
- Making presentations to classes on a variety of youth issues;
- Assisting adult-led student support groups; and
- Being available to students having difficulties at school or at home.

In addition, workshop participants viewed the video, "The 24-Hour Relay Challenge," a successful community team-building and fund-raising project that has raised thousands of dollars for youth programs.

Over the past several years, peer programs have proven to be very effective. They provide students with experiences that enhance self-esteem, strengthen abilities to deal more effectively with life issues, and create opportunities for young people to impact the lives of others in meaningful ways.

The Empowerment of Families and Communities in Urban Settings

Nancy Abbate
Executive Director
Youth Service Project, Inc.
Chicago, Illinois

The workshop explored drop-out prevention at the community level through:

- Providing practical steps residents take in prevention;
- Organizing a community's visible prevention symbol; and
- Sustaining the effort and translating it to business and institutional sectors.

Building Strong Community-State Prevention Partnerships: Working with Your State Alcohol and Drug Agency

Barbara Stewart
Branch Manager
Prevention and Training, Kentucky
Division of Substance Abuse
Frankfort, Kentucky

Increased emphasis on the problem of alcohol and other drug abuse has encouraged prevention practitioners and public policy-makers to promote a variety of programs using a multitude of strategies to accomplish their goals. State Alcohol and Drug Abuse Agencies (through the prevention organization, the National Prevention Network) have identified several principles of effective prevention programming. These principles are required for individuals, groups, and organizations involved in alcohol and other drug abuse prevention activities at the community, State, and national levels. They serve as the framework for the development of comprehensive alcohol and other drug abuse prevention systems in States all across the country. The "Principles of Effective Prevention" are:

PHILOSOPHY - Effective prevention programming researches and adopts a conceptual framework through which it defines its respective attitudes, values, and beliefs as they relate to the use and misuse of alcohol and other drugs.

THEORY/RESEARCH BASE - Effective prevention programming broadly examines theoretical and empirical research in order to ensure the accuracy, efficacy, and credibility of its approach.

PROGRAM PLANNING - Effective prevention programming is based on a sound, long- and short-term planning process that includes a needs assessment and incorporates relevant state-of-the-art research into program policy, implementation, and evaluation.

GOALS AND OBJECTIVES - Effective prevention programming develops a written document that establishes specific, realistic and measurable goals and objectives that focus on alcohol and other drug abuse prevention.

EVALUATION - Effective prevention programming identifies the results it hopes to accomplish among the different target populations, sets specific criteria for defining success, and establishes measurable indicators for such.

MARKETING/PROMOTION - Effective prevention programming includes a marketing component that advocates prevention by showcasing its positive effects within the community and the respective target population.

COMPREHENSIVE APPROACH - Effective prevention is comprehensive in its approach and recognizes the interrelatedness of the use and misuse of all psychoactive substances—alcohol, tobacco, over-the-counter medications, prescription medications and inhalants, as well as all illicit drugs. Specifically, programming includes the following components:

- **Multiple Strategies** - Effective prevention programming involves the use of multiple strategies implemented in sufficient scope, intensity, and duration so as to accomplish its goals and objectives and have a positive effect on the target population.

- **Multiple Targets/Populations** - Effective prevention programming addresses all segments of the population, including all age groups and social classes.

- **Multiple Systems/Levels** - Effective prevention programming utilizes multiple social systems and levels within the community in a collaborative effort.

INTEGRATION WITH AN OVERALL HEALTH PROMOTION SYSTEM - Effective prevention programming is an integral, essential component of an overall health promotion and disease prevention effort that provides a variety of services offered along a continuum of care.

COMMUNITY INVOLVEMENT AND OWNERSHIP - Effective prevention programming recognizes that there is no such thing as a "quick fix" solution to the problem and seeks to promote a long-term commitment that is flexible and easily adaptable to an ever-changing environment.

REPLICABILITY - Effective prevention programming documents its philosophy, theory, methods, and procedures in sufficient detail and clarity so as to permit other organizations to assess its usefulness in and applicability to their particular settings and to permit the development of similar or related efforts in these new and somewhat different settings.

STATE PREVENTION SYSTEM

State Alcohol and Drug Abuse Agencies administer various prevention resources, including a 20 percent set-aside of the Alcohol and Drug Block Grant, State General Funds appropriated for prevention, Community Youth Activity Program Block Grant, and the Governor's portion of Drug-Free Schools and Communities Fund. Statewide prevention systems are in place to support programs and initiatives that are based on the principles listed above. These systems are characterized as follows:

- State level interagency coordination and planning;

- Funding and support for county/regional substate prevention programs;

- Statewide community mobilization projects such as task forces and alliances; in many cases, supported by mini-grants programs;

- Conferences, workshops and skill-based training;
- Statewide communication and public information resources;
- Statewide communication and networking forums;
- Program standards and prevention credentialing; and
- Consultation and technical assistance for communities to develop programs.

TIPS FOR WORKING WITH YOUR STATE AGENCY

1. Understand the State agency mission, mandates, goals, and prohibitions.
2. Understand the structure of how the State agency fits into the health department and the division's internal organization.
3. Get to know the agency staff.
4. Approach them in a spirit of partnership.
5. Understand the service delivery system that is already in place.
6. Be clear about your goals and plans.
7. Make sure your proposal fills a gap or in some way complements the system and does not duplicate what is already being done.
8. Be creative in asking for support beyond—or instead of—dollars.
9. Be clear about the costs of accessing public funds— understand the trade-offs.
10. Build coalitions at the local level and jointly build your goals and plans.
11. Do your research and understand what is state of the art, effective programming.
12. Understand the competitive nature of asking for funds.

(Adapted from the National Prevention Network's "Prevention In Perspective" and material from the Colorado Division of Alcohol and Drug Abuse.)

Annuals to Perennials: Planting the Seeds for Parent Involvement

David Levine
Elementary Classroom Management Specialist
Northeast Regional Center for Drug-Free Schools
and Communities

The challenge for any parent program is to inspire the participants so the ideas shared and skills developed carry on beyond the last session.

This session examined how certain communities have utilized a collaborative approach in developing effective and long-lasting parent programs.

Sharing among participants was encouraged, and specific communication techniques were practiced.

CONCURRENT SESSIONS: HIGH RISK YOUTH

Families in Focus

Lori Hendry
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Cottage Program International, Inc.
Salt Lake City, Utah

The Families in Focus Program began three years ago as a result of The Cottage Program International's 15 years of working with generationally vulnerable youth. The Families in Focus Program demonstrates the preventative utility of a family enrichment skills course tailored to meet each family's particular needs. The program is designed to increase the family's sense of competence, confidence, and satisfaction; support the family's self-directed movement towards a more balanced, functional family system; encourage adolescent and parental attitudes that inhibit drug initiation; help the adolescent form negative expectancies about drug use; and reduce the incidence of early drug initiation.

Families in Focus is an opportunity for families to come together, to plan, learn, care, and communicate. It is an opportunity for families to take inventory of their strengths and weaknesses and determine what they want their families to become.

Families in Focus is designed to enrich and strengthen family life through individualized training in those areas that a family identifies. Through self-guided family activities and workshops, family members set their own goals and work towards the family strengths they want to achieve.

SEVEN KEYS TO HEALTHY FAMILIES

1. **FAMILY FUN** - Healthy families enjoy spending time together and plan activities so that they can do that. Togetherness is not left to chance.

2. **FAMILY DECISIONS** - Healthy families are able to share power and decision making among their members, including children. Explanations for family rules and discipline are clearly explained. The healthiest families are neither too rigid nor too flexible.

3. **FAMILY PRIDE** - Healthy families are committed to the family's welfare. They think highly of their family and are proud to be a part of it. They have traditions and a sense of family history.

4. **FAMILY VALUES** - Healthy families have a strong moral base in values and spiritual beliefs. They have shared goals and ideals about what is important.

5. **FAMILY FEELINGS** - Healthy families express feelings openly and especially express positive feelings and appreciation for each other's efforts and accomplishments. Family members affirm, trust, and support one another.

6. **FAMILY COMMUNICATION** - Communication is open and clear in healthy families. It is direct but not deliberately unkind. Family members speak for themselves and don't blame others for their feelings.

7. **FAMILY CONFIDENCE** - Healthy families believe in their ability to meet problems and solve them. They believe in the future and in their ability to be successful in it as a family.

For more information, please call **1-800-752-6100.**

Strengthening Families: Risk and Protective Factors

Karol Kumpfer, Ph.D.
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University of Utah

Although Congress and the American public have been looking for simple solutions in the "War on Drugs" for some time, alcohol and drug abuse researchers and practitioners are convinced that comprehensive and enduring solutions are needed. Prevention programs should coordinate individual level factors with the social environmental factors of the youth (i.e., peer, school, family, and community). As one important component in the author's *Biopsychosocial Model of Vulnerability* (Kumpfer, 1987) and *Social Ecology Model* (Kumpfer & Turner, 1990), family environment is often overlooked in school-based prevention approaches. This workshop focused on:

1) how families can and do influence their children to become users or nonusers, and

2) family-focused programs that schools and agencies can implement to strengthen families, reduce risk factors, and increase protective factors in high-risk children.

The findings presented in this workshop are based on 1) the presenter's NIDA and OSAP research on the Strengthening Families Program; 2) an Office of Juvenile Justice and Delinquency Prevention (OJJDP) national search for the best family strengthening programs in the country to reduce risk factors for delinquency and drug abuse; and 3) the OSAP national evaluation of high-risk youth and family programs. The review of research literature suggests that while demographic and structural factors impinging on the family (i.e., unemployment, poverty, low education level of the parents, high density housing, community organization, parental absence, and lack of social and medical support services) do impact the quality of life of the family, it is the functionality of the family that primarily determines if a vulnerable youth will use drugs.

Functional family factors that serve as major risk factors for future substance abuse in the child include:

1) family environment (i.e., conflict, lack of family rituals and organization, stress, isolation, fear);

2) poor parenting quality (i.e., lack or supervision and monitoring, relationship time, alternate and sibling supervision, discipline styles, competency training, unrealistic expectations); and

3) barriers to parenting (i.e., parental mental health and drug abuse problems, depression, absence, ineffective childrearing practices).

Protective family factors include supportive family bonds (including love, nurturing, positive role modeling, opportunities, coaching), supportive extended families and supportive communities, strong religious orientation, positive family values, good communication, and family rituals.

Many of these family risk factors are found in families where one or both parents are chemically dependent, as found in the presenter's NIDA research (Kumpfer & DeMarsh, 1985). This research helped to validate the clinician's reports of significant behavioral, social, emotional, and academic problems in children of substance abusers in treatment. Some children living in dysfunctional families appear to be more resilient and are considered "invulnerables." Many mediators moderate the degree of impact a dysfunctional family environment will have on the child. The most recent OSAP research supports that the more drug-involved the mother, the more clinical problems found in the children (Kumpfer, 1990). The Strengthening Families Program was very effective in significantly reducing these clinical problems, particularly depression, social withdrawal, delinquency, and aggression as measured by the Achenbach Child Behavior Checklist.

There are many different approaches that a school or agency can implement to support more functional families in their clientele. No one family approach is best. In the OJJDP family project, 512 model family programs were nominated nationally by State agencies. From these, 75 different approaches were clustered into a 3-by-5 matrix of three levels of family dysfunction (moderately functional, high-risk, and in-crisis families) and five ages of the child (preparenting, prenatal, infancy and toddler, childhood, and preteens and adolescents). A rating scale was developed for practical factors (e.g., quality of evaluations, manuals, training, etc.) and theoretical factors (the number of protective and risk factors addressed). Based on these rating schemes, the most comprehensive programs were rated the highest.

We have found that all programs could be improved to be more appropriate for high-risk families. Adaptations needed include intensive outreach, basic needs services and referrals, recruitment and retention strategies, transportation, child care, friendly staff, accessible facilities, cultural and educational appropriateness, and evaluation modifications. While attempts to involve parents or family members in prevention programs can be a "monumentally discouraging task" (Sendin, 1972), programs that consider these factors can be very successful. A different approach to outreach and retention is needed, an approach most school or mental health professionals are not trained to implement.

In summary, because parents and families are the single most enduring "socializing" influence on a youth, ways to strengthen the capacity of our families to raise healthy and successful youths need to be implemented widely. Schools cannot be expected to be the primary socializers of youth. We should make this the "Decade of the Family." Educational, health, and social service agency staff should be trained regarding risk assessment, referrals and ways to strengthen the family's effectiveness in raising nondrug-using youth. School-based drug abuse prevention programs should involve family members as much as possible through family homework assignments, home-note systems, family involvement in drug prevention activities, school-sponsored parenting classes, and training parents in homework facilitation. Parent involvement in schools should be encouraged and family strengthening programs should be a part of any comprehensive school-community program.

Educational Implications of Fetal Alcohol Syndrome

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When a woman drinks heavily during pregnancy, two conditions may result: fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE). Fetal alcohol syndrome is diagnosed according to medical criteria, including: 1) growth deficiency, 2) distinct facial features accompanied by other physical abnormalities, and 3) damage to the central nervous

system. These characteristics exist concurrently with a history of maternal alcohol consumption. If there is known prenatal exposure to alcohol, but the child does not exhibit all of the physical symptoms, he or she may receive a diagnosis of fetal alcohol effects. FAE is not simply a milder form of FAS. Both have similar behavioral and cognitive characteristics, and they can be equally as devastating to the learning process.

FAS and FAE are now recognized as the leading causes of metal retardation. FAS is diagnosed in approximately 1 in 600-750 live births and FAE in 1 in 300-350. The number of children with undiagnosed FAS and FAE can only be imagined, but it is certain to be high enough to have significant implications for education. In a study by Streissguth (1990) in Seattle, 13 percent of the women delivering babies reported having used alcohol during pregnancy at a level of five or more drinks per occasion. Of those children, 24 percent were already receiving special services by second grade. Clearly, it is essential to address the educational needs of this population.

Little research exists concerning effective programs or services for students with FAS and FAE. Based on research data from other groups of students and clinical experience, the author made the following recommendations:

1) Educational programs should teach functional skills (i.e., academics, as well as other skills that students can use in present and future environments).
2) Instruction should occur in classrooms and in the community as appropriate with skill generalization as a major outcome.
3) Curricula for students with FAS and FAE should emphasize learning effective communication and appropriate social skills.
4) Educational programs should be culturally relevant. Every effort should be made to incorporate cultural values into programs to prepare students to function independently as adults.
5) Challenging behaviors should be viewed as a form of communication and should be managed with programming to teach alternative skills (thereby reducing the inappropriate behaviors).

Characteristics of Prevention and Treatment Strategies for Juvenile Offenders

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The CDM Group, Inc.
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Adolescents and young adults entering the juvenile justice system often bring with them a myriad of problems associated with their crime. These problems, left unaddressed, make it difficult for service providers to develop strategies to prevent recidivism.

Institutional responses to juvenile recidivism must ensure that conventional and traditional strategies respond to the socialization needs of adolescents and young adults involved in the juvenile justice system. Careful attention to the "process" of rehabilitation with this age group is paramount to healthy growth and development.

A comprehensive assessment of cognitive, emotional, and physical development, in order to determine both practical and useful strategies, can be the first step toward prevention of recidivism. This important benchmark begins the process of providing clear, consistent goals and objectives for the youth and family.

Nontraditional strategies that seek to address the psychosocial and educational needs of this age group offer far more favorable outcomes while increasing the quality of life for most adolescents. Effective treatment approaches often involve close collaboration with all agencies, service providers, families, and indigenous community workers. The multifaceted prevention, intervention and treatment approach can provide a wider range of resources that strengthen the family unit, while enhancing psychosocial development of the young person in need.

Strategies that increase educational and skill development for this population provide options or choices for adolescent socialization. This prevention process seeks to promote personal satisfaction through continued cognitive growth and development of critical thinking skills. Included in this process is a program plan that utilizes experiential learning and employment. This process is most effective because it develops interpersonal skills. Such skills enable young people to effectively negotiate, make nondestructive decisions, and participate in conflict resolution. This program strategy provides several long-term options and opportunities for self-sufficiency.

Service delivery plans that promote the cooperation of peers, acknowledge gender and cultural differences, and recognize the importance of family roles and responsibilities can provide some assurance for the youth away from the home community, thus adding to the likelihood of a positive resocialization/reentry process.

Development of intra-agency policies to encourage community involvement aid in strengthening the family upon the juvenile's return to the home setting. Oftentimes this means facilitating parental training within the community setting with the goal to establish a support network for parents in their own neighborhoods. Close collaboration with community/neighborhood support services increases the effectiveness of prevention plans. Settings that provide nontraditional outreach (meetings/sessions in neighborhoods) can decrease the incidence of "high risk" behavior within families at risk.

Adolescents and young adults involved in juvenile justice settings are continuing to need more than most settings are able to provide. Intensive and close collaboration with the neighborhood schools, employers, and known mentors can promote a new support network for the juvenile and family.

Continued emphasis toward applied comprehensive nontraditional prevention and treatment strategies offers reduced opportunities for adolescents and young adult recidivism in juvenile justice settings.

Alternative to Gang Membership Program

Al Orsello
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This workshop reviewed the Midwest Regional Center's program on alternatives to gang membership. The basic premise for the program is simple—if you stop kids from making the decision to join a gang, eventually there will be no more gangs. Participants learned about the influences and impact of gangs on youth, family, schools and community. Problems and solutions related to local communities were discussed.

High-Risk Identification and Programming

Gary Kuch
School Psychologist
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This presentation examined the current research in child and adolescent risk factors for substance abuse. From the perspective of early identification, a model of prevention was offered.

The main focus was on approximately 30 practical and inexpensive model programs currently operating in one school in upstate New York. Several programs will be examined in depth in terms of development, implementation, and impact.

Building Healthy Family Rituals: A Preventive Intervention for High-Risk Families

Steven J. Wolin, M.D.
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Substance abuse disrupts the very core of family life. Cherished rituals—from everyday dinner times to special ceremonies—are seriously distorted or destroyed when chronic alcoholism or other substance abuse pervades family living. At George Washington University's Center for Family Research, the presenter's research team has investigated the impact of parental alcoholism on family rituals for the past 15 years. This presentation reviewed our findings and clinical observations and presented an interventional model for building healthy family rituals in substance-abusing families.

The presentation contained four parts.

1) The presenter reviewed the importance of family rituals in general: holidays, traditions, rites of passage, and daily routines. The differences between high ritual and low ritual families were described, and the presenter illustrated how healthy families maintain their rituals over time.

2) The effects of substance abuse on family rituals were described and the results of two research projects with over 100 families were presented.

3) The effect of ritual disruption and its contract-ritual protection were explored. The research team's results demonstrated how some families manage to keep rituals alive in the face of parental alcoholism. The protective consequences to their children were presented as a model of substance abuse prevention.

4) The presenter offered social exercises for clinicians working with substance-abusing families that rebuild and restore old rituals or create new rituals in high-risk families. The highlights of a new family ritual training manual for clinicians were described.

Mobilizing and Developing Successful Prevention Programs for Native American Parents in Housing Projects

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Jim Thorpe
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Barbara Warner-Roth
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The purpose of this workshop was to give an overview of the presenters' project goals/activities and of target rural schools/communities and Native American Housing Authorities. An introduction to the project was given via a slide presentation and information on the Partners in Prevention Program Brochure. In addition, information was shared about how the Absentee Shawnee Housing Authority has been involved in the project, as well as about the various types of State and National native American Housing organizations.

General information was shared regarding various program activities, such as conducting the Western Behavioral Studies, High School Alcohol Drug Survey task force formulation, and school/community core teams within target schools and communities. An organizational chart with this information was provided in a handout.

Specific training activities for the school/community task forces and core teams were shared. Training needs assessment instruments, agendas, and workshop topics were provided through handouts. Additionally, information was provided on team-building and action planning and samples of the Absentee Shawnee Housing Authority action plans were available on fund-raising activities and the summer program activities.

The Absentee Shawnee Housing Authority representative stated the Board of Commissioners' interest and support for the Partners in Prevention Project and that it will be requesting technical assistance in the area of developing a prevention policy for its housing authority. The Absentee Shawnee Housing Authority has offered to work closely with the Chickasaw Nation Housing Authority in the development of a prevention policy that will be workable for both entities.

The Partners in Prevention Project shared information about the development of the "Handbook for Developing Prevention Programs in Rural School/Communities." Specific information on how to work to develop prevention activities with parents in housing authorities and recommendations on how to organize parent community meetings was provided in a workshop hand-out.

APPENDIX I

Keynote Address, Lauro F. Cavazos, U.S. Secretary of Education

It's a pleasure to be here and to have this opportunity to speak about the importance of your work in making all of our schools and communities drug-free. As many of you have undoubtedly noted, the word "partnership" has become one of the key words in current education reform efforts. Indeed, President Bush and I believe that building partnerships across all segments and sectors of American society is a key to improving our schools. We need the active involvement of parents, children, teachers, administrators, business and community leaders, and officials at every level of government, if we are to succeed in reversing our education deficit. For reasons that I will shortly explain, however, no partnership is more important for the successful reform of education in this country than that formed by those of you at the Federal, State, and local levels charged with the responsibility of implementing the Drug-Free Schools and Communities Act.

As the Secretary of Education, preventing student use of alcohol and drugs is one of my highest priorities. Of course, there are many obvious reasons for my interest in eradicating drug use among children and young people: concern for the physical and mental health of young Americans, a desire to reduce the number of drug-related accidents and deaths in our society, and a belief in the importance of enforcing the law. But there are other reasons as well for my personal dedication to solving this problem, reasons related to the tremendous obstacles that drug use and the illegal drug trade pose to effective education in our schools.

By now, most of you are familiar with our national education performance goals, developed by President Bush and the Nation's governors following last fall's Education Summit. Much of your work over the next few days will be focused on achieving goal number six, which calls on us to ensure that by the year 2000, every school in America is free of drugs and violence and offers a disciplined environment conducive to learning. This goal has received less attention and emphasis than the other five national education goals, at least partly because it is quite different from them. Although the other goals are based on desired levels of educational performance and achi ement, the effort to create safe, disciplined, and drug-free schools is a ***condition***, a prerequisite for reaching our other goals. Those of you gathered here today—the State and local leaders most intimately familiar with the real situation in our schools and communities—know that we are still a long way from fulfilling this condition, that all across America, fear of drug users and drug sellers often rules the classrooms and playgrounds of many of our schools.

The reality, then, is that the last goal must come first. We must eliminate drugs and the drug trade from our schools before we can hope to see progress toward the other national education goals. This is especially critical for effectively educating those who need it most, the disadvantaged and minority students whose academic performance already lags far behind the level of our average students and who are most likely to attend schools where drugs are a far more compelling reality than Shakespeare or the periodic table of elements.

The most important single requirement of all efforts to rid our schools and communities of illegal drugs is that we work *together*. This is reflected in the objectives included by the President and the governors in their statement on the national education goals. Three of these objectives are intended to facilitate the creation of safe, disciplined, and drug-free schools:

- First, every school will implement a firm and fair policy on the use, possession, and distribution of drugs and alcohol.
- Second, parents, businesses, and community organizations will work together to ensure that schools are a safe haven for all children.
- And third, every school district will develop a comprehensive K-12 drug and alcohol education program. In addition, community-based teams should be organized to provide students and teachers with needed support.

Clearly, these objectives demand community-wide participation and cooperation. I understand that there may be impediments to such cooperation. The broad, cross-cutting impact of drug and alcohol abuse and the associated trade in illegal narcotics is one of the chief factors hindering the development of an effective counterattack. The early stages of the war on drugs often highlighted turf battles. Funding disputes reflecting the different agendas of various groups, agencies, and organizations came forth. We must resolve to set aside our differences, find common ground, and coordinate our efforts. The theme of your deliberations this week could not be more appropriate: cooperation, coordination, and collaboration are truly the keys to effective drug prevention education and to winning the war against drug and alcohol abuse.

We are working to ensure that you have adequate resources for your substance abuse prevention programs. For Fiscal Year 1991, we have requested $487 million—an increase of more than 11 percent—for the State and Local Formula Grant Program that remains the cornerstone of the department's drug abuse prevention effort. I believe these formula-based grants, and particularly the portion reserved for use by governors, provide the necessary resources for the exercise of innovative State and local leadership in combatting drug abuse.

The States—and more specifically those of you representing governors and State education agencies who are responsible for administering the Drug-Free Schools and Communities Act program at the State level—are crucial to the effectiveness of the Department's prevention efforts. You ensure that legislative mandates and goals are met, supply effective management and administration for the program, and provide technical assistance to your local school districts.

Those of you representing local educational agencies are perhaps the most important of our partners in drug abuse prevention. You are on the front lines and in the best position to understand the needs of students in your neighborhoods and communities. You must tap local resources and initiatives and combine them with the funding and technical assistance provided by Federal and State governments to develop and implement effective drug and alcohol prevention programs.

In addition to increasing the level of Federal support for the formula grant program in recent years, we have also taken steps to ensure that the additional dollars are spent as effectively as possible. Amendments modifying the program have improved accountability by requiring States and localities to evaluate the success of their drug prevention programs. And as we have monitored State and local programs through site visits, we have observed several important changes that we believe may be attributed to effective Federal, State, and local leadership:

- a growing willingness on the part of schools and communities to acknowledge substance abuse problems;
- increased State efforts to assess the drug problem and to evaluate drug abuse prevention programs;
- increased participation in the grant program by local school districts, both individually and in consortia;
- expanded group involvement in community-based programs;
- and more effective interagency coordination of drug prevention activities at the State level.

We will be leaning heavily on the States to implement a recent legislative initiative aimed at further improving accountability: the Drug-Free Schools and Campuses provisions of the Drug-Free Schools and Communities Act Amendments of 1989. As you know, these provisions require that State education agencies and local education agencies adopt and implement prevention programs and policies in order to remain eligible to receive Federal financial assistance.

We believe these new measures will help to ensure continued improvements in the effectiveness of education-based drug prevention programs. For despite the sense of helplessness that often seems to surround discussions of substance abuse prevention, there are some signs of progress. Polls such as the High School Senior Survey and the National Household Survey have indicated that fewer Americans are using drugs. I think an important factor in this decline is the success of education-based efforts to change attitudes toward drug use. The 1989 High School Senior Survey, for example, indicated that the largest proportion of seniors ever recorded perceived great risk in the use of marijuana, cocaine, crack, heroin, amphetamines, and other substances.

Drug education cannot succeed, however, without strong parental and community involvement. Later this week for example, you will hear a presentation about Kansas City's Project Star, a community-wide prevention program that has reduced drug and alcohol use by junior high students. An evaluation of Project Star indicates that students need to hear from as many sources as possible that drug and alcohol abuse is not accepted by the community. This confirms what the Department of Education has been telling schools and communities since 1986: schools *alone* cannot prevent students from using drugs. Warnings about the dangers of drug and alcohol use must be reinforced by parents and the entire community.

Let me report to you on the status of some Departmental drug education initiatives. The first is intended to help parents teach their children to say no to drugs. As a parent, I know that nurturing children and helping them make health choices is not always easy. But President Bush and I believe that parents are the key to preventing drug and alcohol use among our young people. I announced at this meeting last year that we would be developing a comprehensive drug prevention handbook for parents. President Bush released this handbook in February. And since March, 1,250,000 copies of "Growing Up Drug Free: A Parent's Guide to Prevention," have been printed by the Department. Such high demand for this publication shows that parents across America are not only concerned about the drug threat to their children, but are eager to learn what they can do to help.

The Department will also be providing, within the next month, a curriculum model for use by superintendents and principals in developing an appropriate program of drug and alcohol prevention. The theme of this curriculum model is individual responsibility in the context of the larger community. It is designed to help students understand that drug use harms not only the user, but society as well. The model includes suggestions for involving parents and other community members in substance abuse prevention efforts.

The department's curriculum model reflects my firm belief that education is the only long-term solution to the problem of substance abuse in America. And by education I do not mean just drug education, but the complete education of the whole person for full participation in the social, economic, and political life of this Nation. In my commencement speeches this spring, I have been emphasizing that a rigorous, balanced education equips men and women with the self-confidence needed to make the right choices when confronted with difficult decisions. By providing opportunities for positive reinforcement, education contributes to the development of a healthy self-esteem. And the skills acquired through the educational process imbue people with a sense of possibility, a faith in the future. Clearly, a person who has found success in school and who can glimpse a future full of exciting possibilities and challenges, is much less likely to risk that future by abusing drugs or alcohol.

In this context, the full range of activities undertaken by the Department of Education to enhance education opportunity and improve the quality of our schools may be seen as a critical contribution to the war on drugs. In particular, our efforts to reduce dropouts, increase the effectiveness of Chapter 1 programs, and enhance early childhood education will help to ensure that those students most at risk of giving up on school—and possibly turning to the drug scene that dominates life on the streets—get the attention and encouragement they need to complete a quality education.

And while I have emphasized the importance of achieving our sixth national education goal — safe, disciplined, and drug-free schools—as a condition for reaching the other goals, it will be difficult to reach any of the national education goals without a coordinated, comprehensive approach reflecting their interdependence. For example, drug and alcohol education programs will lose much of their effectiveness if we do not ensure that all children start school ready to learn, or if we fail to raise the high school graduation rate.

All of us who are involved in efforts to protect our young people from the destructive effects of drug and alcohol abuse realize that much remains to be done. As policy makers, I am sure you feel strongly your special responsibility for addressing substance abuse problems in your schools and communities. I hope you will carry away from this conference the conviction that you really can make a difference. You can ensure that all schools provide effective drug and alcohol education programs and have strong antidrug policies that are consistently enforced. And you can help build the kind of community spirit—based on parental concern and involvement—that provides the strongest bulwark against the corrupting and corrosive influence of drugs and alcohol in our society. With your support and leadership we can make all of our schools and communities drug-free. Thank you.

APPENDIX II

Fourth Annual Conference of Drug-Free Schools and Communities: Attendees

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APPENDIX III

Round Table Discussions

ISSUES FOR THE 90s

To provide the Federal Government with ideas and suggestions from the field that will help in reevaluating Federal strategies in drug education and prevention.

"Tapping the Hidden Prevention Resources: Strategies for Communities in the 90s"

- Tap financial gains from alcohol/tobacco industry to pay for drug prevention education ("Sin" taxes for prevention).
- Partnership for a Drug-Free America has good PSA's. The alcohol and tobacco message be funded by other sources.
- Earmark confiscated drug funds for prevention. Federal policies related to earmarking could assist States. Use a Federal match as a State incentive.
- Use drugged and drunk driving reinstatement fees to fund prevention efforts.
- When involving the medical community, remember to include pharmacists.
- Tap insurance carriers as a community partner.
- Explore ways to utilize the resources of for-profit treatment centers in prevention. They could provide so many free services per year for those who can't pay.
- Involve churches in your effort.
- Explore television resources, network cable, local news shows. Use kids to reach parents, heroes to reach kids.
- Create a national "Parent Clearinghouse" for all parent organizations to access materials resources related to alcohol and drug prevention.
- Bring parent prevention/education into the workplace during working hours.
- Develop incentive programs for parental involvement in prevention, i.e., for those receiving child care subsidies, require parenting program.
- Involve the Department of Housing and Urban Development (HUD) as a prevention resource.
- Involve youth as a prevention resource, i.e., kids teaching kids refusal skills.
- National Prevention Clearinghouses should have access to public broadcast tapes to make available to States, i.e., "America Under Siege."

- Involve the IRS—designate $1.00 on tax forms for prevention of alcohol and other drug abuse.

"The Role of Local, State and Federal Agencies in the 90s: What Should We Be Doing?"

- There needs to be a better flow of information from the Federal to the State and from the State to the local agencies. There needs to be a better plan for sharing information regarding the needs of the local agency to both the State and the Federal agency.

- On the State level there is a need for interagency cooperation and coordination. For example, the block grant funds under ADAMHA.

- There needs to be a better exchange of information among grantees receiving Federal, State, or local assistance. Grantee information should be made available, the purpose of their project should be known; technical assistance and service capabilities should be identified, and materials and information should be disseminated. The same information should apply to IHE grants.

Suggestions to the Federal Government:

- There should be a longer period of time provided on grant awards to allow for continuity (3-5 years were recommended). When people have short grant periods, much time is spent on writing and getting data for next year's grant (OSAP has gone to 3-5 year grants). Also, more time to respond to RFP's.

- Perhaps the Drug-Free Schools staff should be increased to provide more rapid response and technical assistance, to be aware of all grant awards available in their State, and to aid in coordination and collaboration.

- At the local level, there is a great need for staff development training. It would be helpful to either the States or LEAs to have a list of consultants for staff development assistance.

- It was suggested that each of us should return home and meet with our congressional representatives, thank them for their contributions and efforts to DFSC, and ask their indulgence in letting us get more things done without the burden of additional amendments being placed on the expenditures of funds.

"The Prevention Curriculum of the 90s : What Should It Look Like?"

- Must have the active support of the educational leadership.

- Incorporate multicultural, historical, and geopolitical frames of reference.

- Include minority representatives on planning teams.

- The curriculum should be developmental and sequential and begin in pre-school.
- Should be age-appropriate.
- Make use of nontraditional models.
- Prevention curriculum should not be targeted into one curriculum. Resources should fit into existing education offerings.
- Incorporate new educational techniques (modern technology, cooperative learning, etc.).
- Teachers should become facilitators in promoting and enhancing self-esteem.
- Good school-community collaboration in goal setting and implementation.
- Include a parent education component.

"The Role of the Prevention Professional in the 90s and Beyond"

- The majority of participants felt that prevention professionals need to have clearly defined standards along with some type of certification.
- Others are concerned that we cannot certify individuals if we want to spread prevention to the grass roots and get everyone involved in prevention.
- Prevention specialists should be empowered to influence the legislative process.
- Prevention professionals should not be pitted against treatment professionals for funding. Both have very important roles and they must be encouraged to work together at the community level.
- Prevention professionals see the drug problem as bigger than just schools. It is important to provide services to underrepresented and underserved populations. For example, school dropouts.
- Lack of a clear definition of research-based theories and models for prevention. Prevention specialists need to develop a conceptual base for prevention that is supported by research. From this they can establish the foundation for prevention strategies.
- Volunteers need help to find their roles in prevention and to gain the skills and resources essential for continuing their advocacy work. Prevention professionals can help these community volunteers become effective preventionists.

"The Continuum of Care...Prevention, Intervention and Treatment: Trends for the 90s"

Prevention:

- The government needs to recognize that there is a movement toward comprehensive health and to reevaluate its policies.
- Movement to develop the public health model (e.g., host, agent, environment) and toward **environmental** strategies.
- Advocacy for community/parent education.
- Consider restructuring initiatives where necessary. Consider strategies for inclusion in "bonding" opportunities and lowering risk factors.

Intervention:

- Focus on special education students as high risk population.
- Become more flexible regarding interpretation for alternative/experimental education activities.
- Advise the Office of National Drug Control Policy (ONDCP) that intervention for high risk students should be therapeutic, not punitive.

Action Plan:

- Continue to increase collaborative efforts (e.g., joint programs, planning money, joint efforts with Congress).
- Provide DFSC staff with ongoing opportunities for inservice training for drug and alcohol issues.
- Become advocates for identifying and publicizing the effects of alcohol advertising on youth consumption.

"Prevention in Multicultural America: The Impact of Race, Language and Ethnicity for the 90s"

Drug prevention education and training is most effective when it occurs in a culturally specific context. Training for prevention can be matched to this context by design or mismatched by default. In a similar manner, national and international migration along with other factors have resulted in a phenomenal multicultural diversity making it a challenge to match the content, format, and tone of messages to the needs, values, and learning styles of particular target audiences.

Additional issues confronting the multicultural demands will be the social, economic, and political facts that increase vulnerability or enhance resistance.

Definition:

Multicultural should be defined as the validation of all cultural groups including religion language, geography, shared values, leisure activities, and community organizations.

Critical Issues:

The most obvious critical issue of the 90s will be designing prevention programs appropriate to the types of demographic changes outlined by Harold L. Hodgkinson:

- New types of family structures.
- No "majority" group.
- Need for multilingual education.
- Impact of new immigration laws.
- Prevention program designed from traditional Eurocentric viewpoints could prove ineffective for these new demographics.
- Recognize potential for increased polarization resulting from loss of majority status by the white community and establish mechanisms to incorporate white community in multicultural programs.
- Multicultural racism.

Recommendations:

- Individuals submitting grant proposals should be required to address cultural sensitivity in curriculum and other aspects of programming projects to be funded.
- A multi-ethnic international curriculum should be implemented nationwide from pre-K through graduate school. Use research findings to implement cultural models of learning.
- Establish a database mechanism to disseminate culturally appropriate resources.
- Funding for prevention programs should be based on development, not adaptation, of a multicultural sensitive design, e.g., a risk-factored approach with an intrinsic multicultural perspective.
- Multicultural prevention concerns should be highlighted as one of the general sessions of the Drug-Free Schools and Communities Conferences by an expert in this field.
- Establish advocacy groups to provide intense lobbying of legislatures to allocate more of the antidrug funding pie to prevention work (currently only 30 percent), in particular to research.